Clinical Lecture

ON TWO CASES OF

EXCISION OF THE KNEE-JOINT.

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GENTLEMEN,—An able and enterprising surgeon, Dr. Wm. McCormack, of Belfast, in some observations on excision of the knee,* quotes a communication from me that "the operation is not much in vogue in the London Hospital." The pupils who have long witnessed the surgical practice here can bear out this statement. The reason is, not because the operation is generally condemned, but because the cases to which it is applicable are not common in our wards. That the chronic diseases of the knee-joint will in most instances yield to persevering treatment is a tradition which has long influenced the practice at this hospital. Mr. John Scott, who was surgeon to the hospital from 1827 to 1845, adopting the practice of his father, who had a somewhat empirical reputation, encased diseased knee-joints in camphorated mercurial ointment thickly spread on lint, abundant layers of strapping, and splints moulded to the part. The mild counter-irritation, combined with strict rest to the joint, afforded an excellent chance of cure in many cases of diseased knee, and those who remember Mr. John Scott's practice can bear testimony to the remarkable recoveries which often rewarded his efforts. His younger colleagues, encouraged by his success, have followed out this line of practice, employing usually the more modern application of iodine, instead of mercurial ointment, and they have been greatly aided by the liberality of the Samaritan Society in enabling them to send their patients for a time to the Margate Sea-bathing Infirmary. Of course, other treatment, such as scoring with hot irons or gas cautery, and free incisions into the joint, is resorted to in appropriate cases. So long as the patient is content, and able to wait months and even years, neither amputation nor excision of the knee is performed whilst a reasonable chance exists of curing the disease and saving the limb without endangering life. When the health breaks down under the irritation of local disease, and it becomes no longer safe to persevere, or when extending disorganisation of the joint evinces the failure of treatment, then the case is often unfit for excision, and amputation is wisely preferred. But, as Professor Humphry remarked in a recent discussion at the Medico-Chirurgical Society, "time is an important element in a working man's life." He has often a family to support, becomes impatient, returns to work before disease is quite arrested, and suffers relapses, so that he will gladly submit to an operation which offers the prospect of his regaining shortly a useful limb. This partly explains why an operation, which is one of the rarest in private practice, is not uncommon in some hospitals. The rich patient, in the course of time, gets cured, with probably a stiff joint. The poor patient encounters the risks of a serious operation, and, if fortunate, recovers perhaps with a limb nearly as serviceable. The rarity of excisions of the knee at the London and some other metropolitan hospitals has been alluded to in terms which would seem to imply a backwardness in the surgeons in resorting to modern and improved surgical operations, and we have been reproached with a leaning to the old system of mutilation. Excisions of other joints are not unfrequently performed in the London Hospital. During the last year the elbow was excised in six cases—in four for disease, and in two for recent injury; and you have seen me during the past session excise both the shoulder and the elbow; and if the knee has been subjected to this operation less frequently than elsewhere, the preceding remarks indicate the reasons and justify the practice. During the last winter, however, two cases of chronic disease of the knee-joint in adults came under my care, in which I thought it right to recommend and perform excision. One of them, the first, was certainly quite exceptional. The following are the particulars of the case, from the notes of the dresser, Mr. Ley.

CASE 1.—F. P——, aged twenty-three, an excavator, a hard drinker and an unhealthy-looking man, stated that he got wet five years ago, and had swellings in various parts of the body, including the right knee, and was a patient in Guy's Hospital fourteen weeks. He was discharged cured, and returned to work. Four months afterwards he struck his left knee against a trestle. The knee swelled, and he remained at home three weeks, and then returned to work; but in about six weeks his knee began to swell again, and his left leg to become drawn up. Though suffering from his knee, and any jar caused him great pain, he continued at work until August, 1868, when his leg became so much retracted that his toes only touched the ground. After lying at home some weeks, he applied at the London Hospital, and was admitted Sept. 29th. The joint was considerably enlarged, from thickening of the synovial membrane; but when at rest it was free from pain. A splint was applied, the joint was painted with tincture of iodine, and support was given by strapping. This treatment was continued for two months without any diminution of the swelling or of the contraction. The patient continued in fair health; but, as the disease gave no indication of yielding to treatment, a consultation was held, and my colleagues concurred with me in advising resection. At this period a grating sensation was clearly perceptible on manipulating the joint.

The operation was performed Nov. 25th, a large semilunar incision being made in front of the joint. The limb was afterwards secured in a good position by encasing the thigh and leg separately in plaster of Paris, steady connexion between the two cases being maintained by strong iron wires, two on each side, bent in the middle so as to keep clear of the wound. The limb was placed in a back splint, and swung in a cradle. There was free hæmorrhage during the operation, and several vessels were tied. Slight oozing of blood occurred after the patient was placed in bed, and in the evening hæmorrhage became so considerable that it was necessary to open the flap and to secure two or three vessels. This was easily done without disturbing the casing of the limb. A tourniquet was then placed on the femoral artery, and ice applied to the wound. The patient was so faint from loss of blood that the house-surgeon ordered brandy to be injected into the rectum. I found him next day weak and pallid, with a pulse scarcely perceptible, in a good deal of pain, which was relieved by hypodermic injection of morphia. His stomach was very irritable, so that he could take only fluids in small quantities.

He continued in a very precarious state for the next three weeks, taking very little food, and suffering from sore-throat and cough. A large abscess formed in the lower part of the back, burst, and discharged a considerable quantity of offensive pus. The wound in the knee looked pale and glassy, and showed no disposition to heal. He got no rest without hypodermic injections of morphia. He afterwards began to mend in health, and the wound in the knee commenced to heal. The discharge from the abscess in the back diminished and at length ceased, and the large sore there gradually healed. The plaster casing was removed at the end of ten weeks (Feb. 5). The limb was found to be straight and in excellent position, and union sufficiently firm to allow of the patient raising his leg. The wound was healed to a great extent, but there were sinuses which furnished a discharge, and one communicated with an abscess on the outside, which had to be opened. He had a sore from pressure on the back of the heel; this was nearly closed by March 24th, when he was allowed to move about on crutches. There were still some unclosed sinuses. His health was greatly improved, but he was looking pale and out of condition, and on April 1st he was sent down to the Margate Sea-bathing Infirmary. At this date (May 25th) I hear that he had suffered from another abscess, which required to be opened, but that he is doing well, and promises to have a sound limb.

On examination of the parts excised, I found the cartilage removed from the greater portion of the outer condyle of the femur, the bony surface being eburnated, with the edges rough. A similar change had taken place on the corresponding part of the head of the tibia. The cartilage on the inner condyle and inner part of the head of the tibia was thinned, but still entire. No change had occurred in

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the articular surfaces of the patella and front of the femur. There was considerable thickening of the synovial membrane, which was also very vascular, and some portions were cut away in the operation.

The next case is from the notes of my dresser, Mr. Harvey.

CASE 2.—G. T——, aged twenty-four, a labourer, was admitted into the hospital Jan. 12th, 1869, on account of chronic disease of the right knee-joint. He stated that he first hurt his knee about six years ago, but he suffered very little from it until about thirteen months back, when he was pushed down and again injured his knee, and was laid up with it at home for three months. He then came under my care in the London Hospital. Scott's dressing was applied, and the knee was confined in a gutta-percha splint. This was after a time discontinued, in consequence of an abscess which formed on the outside of the thigh above the joint, and which was opened. He was under treatment in the hospital six months, and was then sent to Brighton, where he remained two months, and then returned home. He continued to suffer severe shooting pains in the knee, which disturbed his rest at night and affected his general health; and after resting at home nine weeks he returned to the hospital and was again admitted. His appearance indicated suffering, and he had evidently lost flesh. On examination, I found the tibia and fibula displaced outwards and backwards, producing great prominence of the inner condyle of the femur, and deformity. The synovial membrane did not appear to be much thickened, and no fluctuation could be detected. The patella was fixed to the femur, and the leg was wasted and greatly contracted. There was great tenderness at the inner part of the knee in the direction of the femur. The continuance of active disease and the very deformed state of the limb led me to recommend excision of the joint; the patient's youth, sound vital organs, and reparative powers, affording a good prospect of a favourable result.

Jan. 20th.—A horse-shoe incision was made in front, and the patella was detached from the femur. Matter flowed from an abscess on the inside connected with the carious part of the femur. The disease in this bone extended so far up that, after removing the condyles, I found it necessary to saw off a second portion extending nearly to the shaft. A slice having been taken from the tibia, the limb was adjusted in an interrupted casing of plaster of Paris. Great care was taken to secure all bleeding vessels, and the flaps were left unadjusted. In a few hours after the operation blood flowed, and some vessels required to be secured. There was also a free oozing from the cut surface of the femur, which was checked by the house-surgeon inserting some cotton wool between this bone and the tibia. Iced water was kept applied to the wound, and next day the edges were secured with metallic sutures, the angles being left free.

With the exception of some constitutional symptoms about the sixth day after the operation, consequent on the confinement of pus, and which were relieved by reopening the sides of the wound, the patient went on very favourably, and his health steadily improved. A small abscess caused by some cotton wool left in the wound had to be opened, and two small pieces of bone were removed from the sinuses. The plaster-of-Paris casing was taken off at the end of eight weeks, when the limb was found firm and in a good straight position. As the sinuses were not closed, he was kept in bed, with the limb bandaged, until the end of April, when he was allowed to move about on crutches. The limb was found to be strong, but two inches and three-quarters shorter than the other; so a boot with a high cork sole was ordered for him, and he has been discharged from the hospital able to walk with a stick.

On examination of the excised bones the cartilage was found almost entirely removed from the articulating surfaces of the tibia and fibula. The posterior part of the femur was soft and carious, and so wasted by degeneration that the shape of the condyles behind was nearly lost, and carious disease extended above the inner one, and from the intercondyloid notch, towards the shaft. This was the part from which pus escaped in the operation.

I have brought under your notice these two cases as examples of chronic disease of the knee-joint, in which excision was a suitable operation. I have stated that the first case is exceptional, and it is not probable that a similar one will occur in your practice. It is remarkable for the early age at which the change characterising chronic rheumatic arthritis had taken place. This patient, who was only twenty-three years old, but a man of intemperate habits, got wet, and had an attack of rheumatism in the joints at the age of eighteen. The attack must have been severe, for he was fourteen weeks in hospital. Four months only after recovery from this illness he injured his left knee, and it had never been well since. It would appear, then, that the original rheumatic attack determined the special disease in the cartilages and bones, and the subsequent injury set up chronic disease in the synovial membrane. The leg was retracted. He was quite disabled from work, and the prospect of recovering a sound limb under protracted treatment was very unfavourable, and yet his youth offered good hopes of his doing well after operation. There was sufficient to justify excision, but not to warrant amputation. The result is, that the patient has nearly recovered, with a slightly shortened limb, of course stiff, but united in a good position. In the second case, the joint was so extensively disorganised, and the deformity was so great, that it was hopeless to expect to save a useful limb without an operation; and excision preserved one, which, though much shortened, will be far more serviceable to the patient than any artificial stump that might have been adjusted after amputation of the thigh.

The reparative powers and the developed condition of the limbs in young adults, seem to render persons of that age the best suited for excision of a large joint like the knee. The most sanguine advocates of this procedure must admit that it is a severe operation; indeed, I agree with those who regard it as one more severe and attended with greater danger than amputation of the thigh. Statistics of the results of the operation have been adduced in support as well as in opposition to this view. But it is very difficult to draw just conclusions from them, because amputation is performed in cases in which the disease is too extensive to admit of excision, and excision is resorted to in cases in which the surgeon would scarcely be justified in performing amputation—such, for instance, as in the first case. In excision, a very large surface of soft structures is laid bare,—quite as extensive, but not admitting of equal adjustment of parts, as in amputation of the thigh. Then there is the risk of pyæmia—a risk, I suspect, greater after excision than after amputation, owing to the larger amount of cancellous structure of bone divided and exposed in the former. Two cases, which ended fatally from this cause, and in one I was the operator, have occurred in the London Hospital. There is some risk, also, of the patient being weakened by secondary hæmorrhage. Notwithstanding the precautions taken, secondary bleeding occurred after both operations in the cases before you; and, in the first one, the amount of blood lost was so considerable as to place the patient almost in danger, and to retard his recovery. Now, it is many years since I have been troubled with secondary hæmorrhage after amputation of the thigh. I do not wish, however, to attach too much importance to this risk in excision, as no doubt by skill and careful watching serious hæmorrhage can be prevented. The liability to bleeding from parts abnormally vascular divided in excision is, however, a point to be borne in mind when performing the operation, and I am therefore particular in directing attention to it.

Those who collect and make public the results of excisions of the knee should not be hasty in forming their conclusions, for it is often very long before the real issue of a case can be correctly ascertained. It seems pretty certain that a considerable proportion of the patients who recover from the operation fail in regaining a sound and useful limb, and have to submit afterwards to amputation. Many patients are sent into the country or to the seaside with the hope that restoration to stronger health will promote bony union and cause troublesome sinuses to close. Mr. MacCarthy, the resident medical officer of the Margate Sea-bathing Infirmary, has furnished me with the following report of eight patients who had been sent down from various metropolitan hospitals during the last twelve months:—"1. An adult female came, ten months after operation, with five inches' shortening, and no union, either osseous or fibrous. The limb was kept four months in plaster of Paris; after which she was able to lift her foot from the bed. But this union broke down again; and she returned to London to

undergo amputation. 2. A girl, aged fourteen, had most extensive sinuses leading to bare bone. She refused to submit to amputation, left after four months in the infirmary, and has since died. 3. A girl, aged twelve, after sixteen months' residence with exposed bone, discharge, and incomplete union, is improving, with a fair prospect of the limb being saved. 4. A lad, aged thirteen, came down, ten months after operation, with bare bone, numerous sinuses, and exhausting discharge. The limb was amputated. 5. A lad, aged thirteen, admitted with the limb in very bad position, numerous sinuses, and bare bone. He was removed after two months, and the result is unknown. Two children, of the age of seven, had limbs firmly united, though one was not in good position; and a boy, aged eleven, had a limb imperfectly united, and exposed bone at the upper part of the tibia." We must be cautious, however, in drawing conclusions unfavourable to excision of the knee from this report; for we are unable to put against the unsuccessful cases those in our hospitals in which, during the same period, the operation has preserved a useful limb, and promoted restoration to health.

Apparatus of various kinds has been used for securing the limb in good position after the operation. I have found none more convenient or efficient than the interrupted plaster-of-Paris casing, which has been employed in cases of this operation by my colleagues, Messrs. Maunder and Little. The casing seems to combine all the objects desired—firm and continuous support to the limb without undue pressure, and space leaving the wound free for dressings, applications, and the escape of discharges, &c. If the limb swells, and the casing becomes too tight, it can be divided longitudinally, without disturbing the parts or weakening the support.

CLINICAL OBSERVATIONS ON LESIONS OF ARTERIES AND SOME EFFECTS OF THE DELIGATION OF THEIR TRUNKS.

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ACCIDENTS and injuries to the human body often provide us with opportunities for observation and research which otherwise would perchance seldom occur. By such opportunities we become familiar with the variations in the natural process of repair in structures generally, and are safely guided to the exact period when nature indicates the resources of surgical art. Now of the various structures affected by injury or disease during my hospital career, lesions of arteries have afforded me facilities for remarking some effects of ligaturing their supplying trunks. My attention was first directed to this subject by several concurrent results following operations which were rendered imperative by reason of copious secondary hæmorrhage. In these cases the affected extremities were respectively in a state of inflammation, erysipelas, and phagedena; and it will be observed that in every instance the operation was followed by a twofold issue—namely, (1) the control of hæmorrhage, and (2) the arrest of a morbid process in the extremity. These circumstances were briefly alluded to during a discussion upon Mr. Maunder's paper on Ligature of the Femoral Artery for acute traumatic inflammation of the knee-joint; but the particulars of each case may be of sufficient importance to merit further notice; therefore, by the courtesy of my colleagues, I am permitted to refer to some points connected with that surgical assistance which I was called upon to render.

The first case was one of "acute inflammation of the hand, after an incised wound involving both palmar arches, in which secondary hæmorrhage on the twelfth day necessitated ligature of radial and ulnar arteries."

The patient, John B——, aged fifteen years, a bricklayer's boy, of healthy antecedents, was admitted into the Royal Free Hospital, under the care of Mr. Wakley, on the 2nd May, 1860. Eleven days previously, whilst whittling with a pocket-knife, he accidentally wounded his left palm, when profuse bleeding ensued. This was controlled by the pressure of a pad and handkerchief, but it recurred on the fourth, seventh, and tenth days, and the friends, having become alarmed, brought him to the hospital. When admitted, bleeding had ceased, and he was suffering from an acutely inflamed incised wound of the left palm, about one inch long, oblique in direction, and parallel to the metacarpal bone of the middle finger from base to centre. The palmar integument was dense, horny, and unyielding; and the subjacent and contiguous tissues as high as the wrist were invaded by the inflammation, which also extended along the absorbent vessels to the axillary glands. Moreover he was very feverish and out of health generally. A purgative having been administered, he was ordered a milk diet, and poppy fomentations to the affected part, which was elevated at an angle of 45 degrees.

At six o'clock on the following morning (May 3rd) the night-nurse summoned me to his bedside. I found him very faint, and bleeding from the wound, the dressings and bedclothes being saturated. The hand was tense, shiny, and much swollen, and he complained of a sense of tightness in the limb, and extensive tenderness in the course of the bloodvessels, so that pressure could not be borne on the brachial, radial, or ulnar arteries. Chloroform was therefore administered, and pressure on both radial and ulnar arteries was found to control the hæmorrhage, but on compressing each vessel singly bleeding was only lessened. Under these circumstances, I cut down and ligatured first the radial and then the ulnar artery. Both vessels were large, the radial being equal to the size of a No. 7, and the ulnar of a No. 6 catheter.—9 P.M.: Is now free from pain, and has slept ever since the operation.

May 4th.—All signs of inflammation have disappeared, and excepting the corrugation of the skin arising from the cessation of the inflammatory tension, the hand is reduced to its normal size. The palmar wound is suppurating.

15th (eleventh day after operation).—Ulnar ligature separated to-day.

16th.—Radial ligature came away this morning; incised wounds have healed in great part by first intention; palmar wound is cicatrised.

20th.—All the wounds are now healed, and beyond a little stiffness he has good use of the hand. Discharged.

The next case is similar to the preceding, and may thus be described: "Acute inflammation of the hand following a lacerated wound of the thumb, implicating the deep palmar arch; secondary hæmorrhage on the ninth day; ligature of radial artery."

The patient, Charles B——, an attenuated man, thirty-three years of age, by occupation a tobacconist, and of very intemperate habits, was admitted into the hospital under the care of Mr. Wakley, on the 16th of April, 1862. Nine days previous to admission he received a wound of the left thumb through the bursting of a soda-water bottle. Profuse bleeding followed, and being near St. George's Hospital he was taken there, and treated by the house-surgeon, who arrested hæmorrhage by pressure.

For some days afterwards he went about his business, although the hand was exceedingly painful. At last another attack of hæmorrhage hastily brought him to the Royal Free Hospital at twelve P.M. He was then very faint, and bleeding from a lacerated wound in the ball of the left thumb, which coursed obliquely towards the base of the metarcarpal bone of the index finger, about two-thirds of a inch in extent, and implicating the deep palmar arch. The palmar integument was dense and horny, and the hand deep red, shiny, swollen, very painful, and of increased temperature, inflammation extending along the absorbents to the axilla. On applying pressure to the brachial or radial artery pain was produced, but compression of the latter vessel arrested all hæmorrhage; therefore I cut down and ligatured it at once. As in the first case, the artery was large, being quite equal to the size of a No. 7 catheter.

April 17th.—Ten A.M.: Is now free from pain, and the swelling of the hand is considerably reduced; slept well during the night.

18th.—Inflammation has subsided, and no swelling remains beyond the corrugation of skin; palmar wound is suppurating, and incised wound has healed in great part by adhesion.

24th.—Palmar wound is now healed; ligature separated to-day (eighth day).

26th.—Incised wound is sound. Discharged.

A few words now as to the nature and treatment of these wounds implicating the palmar arches. In the first place, the palmar integument, in the case of labourers and artisans, is usually so dense and hypertrophied that the depth of the wound is thereby considerably increased. Next comes the palmar fascia, which, in my experience, is seldom opened in a direct line with the integument, and may be so split that its edges are not displaced; hence these conditions render ligature of the retracted vessel a matter of impossibility without enlarging the wound; and for the same reason graduated local pressure, which in other parts of the body can be successfully employed, is here often useless. Therefore I am inclined to think, both for the safety and comfort of the patient, that it is a wiser proceeding not to delay when ordinary means fail, but to ligature the supplying vessel, rather than search for the palmar branch by enlarging the wound—a course fraught with some danger to the fascia, tendons, and their relations; and, on the other hand, the application of local pressure sufficient to arrest hæmorrhage may endanger the vitality of the tissues, or, if insufficient, permit subfascial bleeding. Again, where hæmorrhage recurs after the approach of inflammation (as in the foregoing cases), deligation seems to be the safest and best surgery. The large size of the arteries of the wrist would appear to be a necessary consequence of an increased blood-supply to the extremity. This circumstance I have observed on former occasions, both in man and in the lower animals.

The third case, although differing in the type of inflammation from the preceding ones, may be classed with them, and thus described: "Phlegmonous erysipelas of left arm, following a lacerated wound of inner aspect of elbow; secondary hæmorrhage on the ninth day; ligature of the brachial artery."

Charles G——, aged twenty-three, potman, was admitted into the hospital under the care of Mr. Weeden Cooke on Nov. 17th, 1864, at 2 A.M. In a state of intoxication he fell down some steps upon the tip of an iron pallisade, which penetrated his left arm; shortly afterwards he was found by a policeman, who, seeing him in a helpless condition and bleeding, brought him to the hospital.

When first seen he was quite blanched, and bleeding had ceased. After removing a large clot of blood, a lacerated wound three inches in extent was found just below the internal condyle of the humerus; this extended through the flexor muscles, ulnar artery, and venæ comites, close to the brachial bifurcation, and exposed a small portion of the radius below its tubercle.

Having ligatured both ends of the wounded vessels I placed the arm upon a rectangular splint and closed the wound, and he was placed on a milk diet. By the third day a good deal of reactionary fever had set in, and he complained of tenderness in the arm, which now began to take on an erysipelatous character. Ordered a good purgative of calomel and colocynth, hot fomentations locally, and an opiate at night.

By the sixth day the arm was tense, brawny, deep red, and much swollen, and, the swelling having extended to the upper arm, it was necessary to remove the splint. He was now ordered bark and ammonia, strong beef-tea, eggs, and ten ounces of brandy daily.

Eighth day.—Several abscesses in the areolar tissue were opened to-day, with great relief.

Ninth day (Nov. 26th).—About 2 o'clock this morning secondary hæmorrhage occurred; and by the time I reached the ward, which was scarcely two minutes afterwards, bleeding had ceased, and he was completely blanched and pulseless. The arm was enormously swollen as far as the insertion of the pectoralis major, and blood had evidently infiltrated the tissues about the wound to such an extent that to enlarge it and seek for the bleeding vessel was quite out of the question.

Having administered some brandy, return of animation was soon manifest by a recurrence of hæmorrhage. I now compressed the brachial artery, which commanded all bleeding; but, from the inflamed state of the arm, this caused great pain. Therefore I cut down, and ligatured the vessel in the middle third of its course. This was remarkably large, as in the previous cases, and very deeply situated. Nine hours after the operation inflammation had lessened, and he had slept during the interim.

Nov. 28th.—The arm is not larger than natural.

29th.—Ulnar ligature has separated (twelfth day after the accident). Both the wounds are suppurating.

Dec. 8th (twelfth day after the operation).—Brachial ligature came away this morning. The wounds are healing, and the patient is much improved in health.

12th.—Wounds are now healed; action of flexors is somewhat interfered with. To attend as an out-patient, and is recommended to use the arm gradually.

Feb. 1st, 1865.—Can now fairly move the flexor muscles, but cannot completely extend the arm because of the deep cicatricial attachment.

The fourth case, although differing in its pathological characters from those which have been described, resembles them in a surgical point of view:—"Serpiginous phagedena of stump after amputation of forearm; secondary hæmorrhage; ligature of brachial artery."

James S——, aged thirty-seven, labourer, was admitted into the Royal Free Hospital on October 17th, 1864, under the care of Mr. de Méric. In crossing the street he was knocked down, and the wheel of a van passed over his right hand, splitting it up from the commissure of the middle and ring fingers to the articular facets of the semilunar bone. Forty-eight hours after the accident acute gangrene ensued, necessitating amputation of the forearm in its upper third. The stump progressed tolerably during the first fortnight after operation, but subsequently a serpiginous form of phagedena, attended with pain, heat, and redness of surrounding tissues, set in; this failing to succumb to any kind of local or constitutional treatment, change of air was advised, and he was made an out-patient on Dec. 3rd.

7th.—At 6 A.M. he was attacked with secondary hæmorrhage, and immediately brought back to the hospital. Phagedena had extended, and arterial blood was flowing from an ulcer about three inches square. This was, however, controlled by graduated pressure.

26th.—To this time his progress had been unsatisfactory, and at 9 o'clock this evening hæmorrhage again recurred. Direct pressure and other means failing, I compressed the brachial in its middle third. As this controlled all bleeding, I cut down and ligatured the vessel. On tightening the ligature, the artery became partly severed; I therefore locked a pair of bull-dog forceps above and below the ligature, and then cut the vessel through. Previous to ligaturing the distal and proximal ends, precaution was taken to unravel several pieces of silk thread, in order to make a broadish band to encircle the vessel, and so obviate further danger of wounding its external coat. The arterial walls were found thickened, and speckled with a yellowish-white deposit, which to the naked eye appeared to infiltrate the middle coats chiefly, but under the microscope seemed to fuse itself into the whole arterial structure. This had all the characteristics of fat. The external had evidently become so incorporated with the middle and internal coats during these morbid changes, that its strength and resistance were lost; indeed, this had been attested by the brittle and inelastic state of the vessel, the increase of its calibre, and the slight amount of retraction after severance.

27th.—He is very comfortable, and there is no further sign of hæmorrhage.

29th.—Phagedena is now arrested, and the ulcer is inclined to heal.

Jan. 1st, 1865.—Healthy granulations have sprung up, and a fine blue film of skin surrounds the margins of the ulcer.

7th.—The ligature separated this morning, and the ulcer is no larger than a threepenny-piece; wound is granulating.

16th.—Ulcer is cicatrised.

26th.—Wound (incision) is healed.

31st.—During the last few days patient has complained of rheumatic pains in the large joints.

Feb. 1st.—Discharged in good health.

In this case arterial disease probably predisposed the patient to gangrene of the extremity, and also to those molecular changes which subsequently developed in the stump. It would seem paradoxical that increased vascularity and molecular disintegration should co-exist in contiguous structures, unless regarded as transitional steps in a morbid process—that is to say, first, in a disturbed or altered arterial circulation; second, in an embarrassed capillary and

venous circulation; and, third, in a reactionary circulation, or loss of textural vitality: and some of these changes probably occur when a main vessel has been ligatured. Hæmorrhage may have been due to accidental rupture of a diseased arterial branch; and as to the effect upon the phagedena of ligaturing the main vessel, it may be explained by the reduction of arterial tension. Thus hæmorrhage was controlled, congestion arrested, and the equilibrium of the circulation restored; but it is not improbable that the large arterial trunks were dilated, and thus, the anastomotic circulation becoming quickly established, deligation of the main vessel was sufficient to control hæmorrhage without endangering the extremity by too sudden or complete an arrest of the blood current.

The fifth case to which I call attention may be thus described: "Erysipelatous inflammation of a stump after amputation of forearm; secondary hæmorrhage on the eighth day; ligature of brachial artery."

W. C——, aged twenty-four, gasfitter in the service of the Metropolitan Railway Company, of healthy constitution, was admitted into the hospital, under the care of Mr. Gant, on the 18th of August, 1868. Whilst crossing the line he was knocked down by a passing train, and in attempting to save himself his right forearm caught between the wheel and metals, and was severed just above the wrist-joint. Mr. Gant performed primary amputation in the upper third of the forearm shortly after the accident. From the first his progress was unsatisfactory. Hæmorrhage occurred five hours after the operation, but was arrested by pressure. This was followed by erysipelatous inflammation of the stump, and a recurrence of bleeding, which (on the eighth day) became so excessive that, in Mr. Gant's absence, Mr. Murphy, the house-surgeon, summoned me. I found the patient very faint, and, although the tourniquet had been applied to the brachial artery as soon as possible, he had evidently lost a considerable quantity of blood. The limb was swollen and inflamed, and the stump was tense, brawny, and infiltrated with extravasated blood; this had separated the flaps, so that I easily opened up the stump, removed the coagula, and sought for the bleeding vessel. But the latter had retracted beyond view; therefore, without exploring the inflamed tissues further, I cut down and ligatured the brachial artery at the junction of its middle and lower third.

Aug. 27th.—Has passed a comfortable night, and inflammation has subsided.

29th.—Is free from pain; stump has commenced granulating.

Sept. 7th.—The ligature separated this morning (twelfth day after operation).

14th.—The wounds are healing by granulation.

28th.—Two or three small spicula of bone have exfoliated, probably the result of inflammatory action having extended to the periosteum.

Oct. 7th.—He is now in good health, and the wounds are quite healed. Discharged with a good stump.

The preceding and the third case are very analogous, and forcibly illustrate the points in question. I cannot help thinking that the early and repeated attacks of hæmorrhage must have been due to laceration of one or more vessels above the line of amputation. Such remote arterial injury is occasionally met with when the limb has been torn off between the wheel and flange of a locomotive.

(To be continued.)

A REMARKABLE CASE OF COMPLETE LOSS OF HAIR ALL OVER THE HEAD AND BODY FROM CEREBRAL INJURY.

BY R. COOPER TODD, ESQ.,
STAFF-SURGEON.

In the summer of 1863, I was called to see a gentleman, aged about forty-five, at an hotel at Bray, Ireland, who had been thrown from the side of an Irish car upon his head, and received a partial concussion of the brain. Immediately after the accident he was quite master of himself, and able to continue his journey, until he reached the hotel, which was about four miles from the site of the accident. When I saw him, he was slightly confused in mind, but perfectly able to answer questions, and conscious of the passing events. By my advice he remained that night in the hotel, but the next morning, before I had time to visit him, he had left the hotel, and returned to his home in Dublin, a distance of quite twelve miles, which he accomplished by rail and by cabs. In the course of the following day, and for a few days after, some alarming symptoms supervened. Hemiplegic convulsions of an epileptiform character came on, accompanied by total unconsciousness; but the fits were of short duration, and in the interim the patient was collected. There was, however, present at times a peculiar kind of delirium, like that common in some low fevers. The patient rose from bed, seemed anxious to hide away and lock up in his chest of drawers trifling articles, such as a grape or two, and on one occasion he tried hard to throw himself out of his window; but at the same time, when addressed, he was quite amenable to government, and recognised those about him. In a short time he quite recovered, and in less than six weeks after the accident managed successfully some very important private business. However, in the course of time, he suffered from occasional headaches, and sought medical advice, I think, in Scotland. He underwent a course of mercury, and subsequently took daily, for about twelve months, thirty grains of bromide of potassium, when he found that one morning, on proceeding to shave, he had no beard to cut; and subsequently all his hair fell off, not only from his head and face, but from his chest and body,—and up to this time he had been always a very hirsute man.

This peculiar result of the accident was brought to my notice only the other day by the gentleman himself. At first I was disposed to regard the depilation as the consequence of the long-continued use of the bromide of potassium. However, my friend Dr. H. Massy, staff assistant-surgeon, pointed out to me the record of a case alluded to by Mr. Holmes in his System of Surgery, vol. i., article Accidents from Lightning, which, as far as the depilation goes, was identical with the case I record. Both cases were injuries of the head. In the latter instance the falling off of the hair began the day after the accident, but in my case about twelve months intervened. In the accident from lightning, also, the toe-nails fell off eventually, which has not yet happened to my friend, who up to the present is in capital health, although quite denuded of every hair upon him. In the former case no blame can be attached to the bromide of potassium, because it was not administered or even known, and consequently it is equally likely that in my case the falling off of the hair was solely due to the cerebral injury, and in no way to the treatment.

Netley, July 5th, 1869.

ON A CASE OF CONGENITAL ABSENCE OF THE MEATUS EXTERNUS OF THE RIGHT EAR.

BY W. S. J. H. MUNRO, M.D., M.R.C.S. LOND.

On April 27th, 1869, I was called to attend on Mrs. G—— Dunkerton, who, after a few hours' natural labour, was delivered of a fine, full-grown, healthy girl. I had no reason to suspect any deformity, and so natural did the parts appear that an experienced monthly nurse, who daily washed the child for about five weeks, detected nothing abnormal.

June 10th.—I was called in to-day, and find all the external parts normal, but no trace whatever of an external meatus to the right ear, or even a depression in the skin where it ought to be. The parents are very anxious, and I believe have shown the child to a number of my professional brethren in Bath; but as no case of this kind has appeared in my practice, nor can I see any on record, I now send it for publication.

Radstock, near Bath, June, 1869.

THE mortality from scarlet fever in London has been steadily increasing during the last four weeks.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL.

A CASE OF ANEURISM OF POPLITEAL CURED BY MEANS OF SIGNORINI'S TOURNIQUET AFTER FLEXION HAD FAILED.

(Under the care of Mr. EAGER.)

THE chief points of interest in this case are, that, although flexion did not cure the aneurism, it produced, by means of the strap causing compression upon the femoral, a certain amount of collateral circulation; that, when the tourniquet was applied, the pain was not very severe; that the patient could bear it very well, and with the opium at night had a moderate amount of sleep; and that the partial stoppage of circulation through the femoral caused no œdema of the leg. Mr. Thomas F. Hopgood, house-surgeon, has obliged us with the notes.

James R——, aged thirty-three, was admitted April 10th, 1868, suffering from aneurism of the popliteal artery. Patient says he was in very good health up to about six months ago, when he first noticed a swelling about the size of half an egg, his attention being called to it by great pain in the leg. This got gradually worse, until about two weeks before admission. The only thing he can recollect was, that some time before he found the swelling he had a blow in the bend of the knee, but says that he felt nothing of it at the time. Upon examination, his heart, lungs, and kidneys were found to be quite healthy.

Mr. Eager attended him a short time before admission, and found, upon examination, that the limb below the knee was much tumefied, and the superficial vein much enlarged, —a tumour in popliteal space, large and pulsating strongly, with a considerable amount of œdema around it. The only treatment used before admission was rest, the leg being elevated and evenly bandaged.

Upon admission, the swelling of the leg was nearly gone. He was placed in bed, kept on very low diet, and had flexion of the leg with pad in popliteal space. This gave rise to considerable pain, and he was unable to bear it very tight. The manner in which flexion was produced was by means of a strap, which controlled the femoral artery to a certain degree. This was continued till June, the tumour up to May having become less, but far from being cured.

June 27th.—He began to take acetate of lead, one grain, twice a day, which was gradually increased to three grains a day, up to July 13th, when, as the lead had affected the system, the blue line being marked along the gums, and the tumour not having diminished in size, he was ordered to have his medicine stopped, bandages removed, and to try to get the leg straight. Unable to straighten the leg more than at a right angle to the thigh. To take full diet, quinine mixture, tincture of muriate of iron, and have Signorini's tourniquet applied to the femoral artery sufficient to nearly stop the circulation. When the tourniquet was applied sufficiently tight to stop circulation in the sac, there was still distinct pulsation felt in the tibial artery. To take tincture of opium, twenty-five minims, to allay the pain at night.

July 15th.—Tumour smaller, very little pulsation in sac, even when the tourniquet is nearly unscrewed. To continue as before, with opium at night.

18th.—Tumour much harder, and less pulsation when tourniquet is unscrewed.

23rd.—Tourniquet entirely removed. There is no pulsation; the tumour is quite hard. The tourniquet to be still applied.

25th.—Tourniquet to be left off, but to still keep in bed, and continue medicine as before, but to discontinue opium at night.

27th.—Allowed to get up for the first time. Leg unable to be straightened more than at right angles to the thigh. To use crutches, and try to straighten the leg. General health much improved.

30th.—Can now get about very well with crutches. Leg much straighter.

August 23rd.—From July up to this time he has gradually improved, and is now able to get his foot to the ground, and walk with a stick. He left the hospital this day, with tumour much decreased in size, quite hard, with no pulsation; in fact, cured.

BRISTOL GENERAL HOSPITAL.

INCISED WOUND OVER PATELLA; SYNOVITIS; SUPPURATION; INCISION INTO JOINT; RECOVERY.

(Under the care of Mr. ATCHLEY.)

THE following case, for notes of which we have to thank Mr. J. B. Withington, is interesting as furnishing evidence of the great value of free and early incision into a suppurating joint, and may serve to illustrate the importance of diagnosing correctly between disorganisation of a joint the result of primary disease of synovial membrane, and disorganisation of joint secondary to disease of the osseous structures, upon which to so great an extent the treatment depends.

In the present case, tension and constitutional irritation were relieved, absorption of pus into the system effectually prevented, and the treatment has terminated in the most satisfactory condition of perfect anchylosis in a good and serviceable position.

William M——, cooper, aged seventeen, was admitted on March 6th, for acute synovitis, following a wound done with a drawing knife three days previously. He had applied for relief at the time of the accident; but, although warned of the danger he incurred, he refused to come into the hospital; consequently, the limb was fixed on a straight back splint, and the wound (which did not penetrate the joint) dressed with carbolic oil.

When admitted, there was great swelling and some tenderness around the joint; the wound gaped on the removal of the sutures, but there was very little discharge, and no synovia. The leg was placed in a McIntyre splint, and cold irrigation applied continuously to the knee for forty-eight hours; but as the discharge from the wound increased, and there was no diminution of the heat and swelling, this was discontinued, and poultices applied.

On the 13th, as it was evident there was a great quantity of pus in the joint, Mr. Atchley made a free incision on either side, so that the forefinger could be passed easily through, beneath the patella. The poultices were continued, and he was ordered beef-tea, eggs, milk, and four ounces of wine.—At 9 P.M., his pulse was 120; temperature 101·8°.

14th.—9 P.M.: Pulse 128; temperature 102°.

15th.—10 A.M.: Pulse 120; temperature 100·9°.—1 P.M.: Pulse 133; temperature 102·9°. Ordered quinine and iron, and eight ounces of wine.

17th.—10 A.M.: Pulse 140; temperature 101·4°. Ordered eight ounces of brandy daily, instead of wine.

18th.—Pulse 128; temperature 100·8°.

19th.—Pulse 120; temperature 99·8°.

20th.—Pulse 100.

From this time he improved continuously, the discharge, at first very profuse, gradually lessened, and his pulse and temperature fell. He has occasionally had an opiate at night, and a purgative when required.

May 9th.—There is still some discharge from the inner opening, and great pain and tenderness *only when moved*; otherwise is very comfortable, and improving in health. He has now two ounces of brandy daily, and meat.

He has been kept in the most absolute rest till June 6th, when he was allowed to get up, with a leather splint encasing his knee. He has had no pain for some time past, and the incisions, with the original wound, are perfectly healed.

AN UNUSUAL INQUIRY.—Bordeaux has a very useful Lock hospital, of which M. Venot, a specialist of great repute, is the surgeon. M. Venot's views as to certain late symptoms in prostitutes—viz., various destructions or thickenings of parts originating in syphilis, which have lost their specificity—are peculiar. He considers girls found with such symptoms to be harmless. The lay committee of the hospital have expressed some anxiety on the subject, and they have entrusted M. Jeannel, head pharmacian of the military hospital, to inquire into M. Venot's practice. M. Jeannel has accepted this rather invidious task.

Reviews and Notices of Books.

Spectrum Analysis. Six Lectures delivered in 1868 before the Society of Apothecaries of London. By HENRY E. ROSCOE, B.A., Ph.D., F.R.S., Professor of Chemistry in Owens College, Manchester. With Appendices, Coloured Plates, and Illustrations. London: Macmillan. 1869.

WE were among those who had the gratification and advantage of forming part of the audience when Prof. Roscoe delivered the lectures which form the basis of this book; and we have a lively recollection of the number and beauty of the experiments with which he illustrated his subject. Spectrum analysis is at once the newest and most fascinating of scientific inquiries. As a science it is daily gaining in precision, and extending its territory. To the astronomer and the chemist it has opened out perfectly new spheres of observation and research; and we venture to prophesy that spectrum analysis will, ere long, throw a new light upon subjects like physiological chemistry and medicine. It would be impossible, of course, to give the reader anything like a fair idea of the various subjects of which Prof. Roscoe has treated. So rapid has been the progress of our knowledge and the growth of discovery, that the author has been compelled to revise his text very carefully as he went along, and to incorporate much new matter in the appendices; and he has still been unable to include those observations and discoveries which were but of yesterday. We take it that our readers are acquainted with the facts and principles on which spectrum analysis is founded; and those who are not so may easily learn them by perusing the first two lectures, and the historical sketch at the commencement of the third. What improvement, it may be asked, is this method of analysis upon our ordinary chemical methods? The answer will be that it is so delicate as almost to surpass belief; so that we have obtained a method of examining the composition of terrestrial matter with a degree of exactitude hitherto unknown. The delicacy of these spectrum tests is strikingly set forth at pages from 60 to 63 in connexion with sodium, lithium, strontium, indium, and other bodies; and again at page 111 on the spectrum reactions of the rhubidium and cæsium compounds.

In Appendix A, Professor Roscoe says that more than two-thirds of the earth's surface is covered with a solution of chloride of sodium, fine particles of which are continually being carried into the air by the action of the waves of the sea. Besides supplying, probably, the smaller organised bodies with the salts which larger animals and plants obtain from the ground, there is another point of view from which the presence of these minute particles of salt in the air is of interest. If, as is scarcely doubtful, says Professor Roscoe, at the present time, the explanation of the spread of contagious disease is to be sought for in some peculiar contact-action, it is possible that the presence of so antiseptic a substance as chloride of sodium, even in infinitesimally small quantities, may not be without influence upon such occurrences in the atmosphere.

At pages 124–5, the reader will find an account of the very practical discovery, with which Professor Roscoe's name is associated, of the application of spectrum analysis in the manufacture of cast steel by the Bessemer process. Many lines in the Bessemer flame have not yet been perfectly identified.

At pages from 150 to 154 we have a full account of the blood spectrum, a subject worthy of thorough investigation, and one that has already yielded important results. From Professor Stokes we have learned the changes which hæmoglobin may undergo: there does not seem to be much doubt that the colouring matter may be regarded as the carrier of oxygen to the tissues. The importance of the application of spectrum analysis to blood is manifested in regard to poisoning by carbonic oxide—the poison of burning charcoal is due to this carbonic oxide,—which can be readily detected in this way by the peculiar bands which the blood containing carbonic oxide in solution exhibits; and hence we have a valuable aid in toxicological research.

We have not space to dwell upon the interesting conclusions of Kirchhoff on the laws of absorption and exchanges; the discovery of metals in the sun; the researches into the physical constitution of the stars; the conflagration of hydrogen in a star; and the interesting note on the recent observations of Lockyer and Janssen as to the red prominences in the sun being also caused by glowing hydrogen. The reader will learn with satisfaction that the probability of a similar conflagration bursting out in our system, and making an instant end of our terrestrial history, is infinitely small.

We have touched upon many points of relatively little interest, perhaps, to medical science as such; but everyone with any title to be called a scientifically educated man ought to possess some knowledge of one of the grandest and most striking discoveries of our time. The perusal of Professor Roscoe's lectures has been a source of real pleasure to us, and we can unhesitatingly recommend his volume, which is beautifully got up, and contains numerous illustrations that are unusually well executed.

Sound. A Course of Eight Lectures delivered at the Royal Institution of Great Britain. By JOHN TYNDALL, LL.D., F.R.S. Second Edition. London: Longmans. 1869.

THE contents of Prof. Tyndall's book are of so attractive a nature, and recommend themselves so strongly, not only to the *dilettante* lover of knowledge, but to those who are earnestly engaged in the cultivation of science, that we are not surprised a second edition has been speedily called for. Having already noticed at length, in our review of the first edition, the characteristic features of the work, the number and ingenuity of the experiments (in which Prof. Tyndall stands without a rival), the felicitous explanations and varied illustrations, we need here make no further remark than to say that the present is a reprint of the former edition, with the exception of a chapter containing a summary of the recent researches of M. Regnault, written by himself. This contains some interesting observations on the propagation of sound in closed tubes, in which it is shown that the diameter of the tube makes a considerable difference in the intensity with which the wave is propagated through it, diminishing rapidly the smaller the section of the tube. Thus when a pistol charged with one gramme (15·44 grains) of powder was discharged in the gas-pipe of Ivry, ·108 of a metre wide, the report was heard at a distance of 566·7 metres, but greatly enfeebled; and when this end was hermetically closed, the echo or return wave at the point where the pistol was discharged was only heard when the greatest possible attention was paid. On the other hand, in the great conduit water-pipe of St. Michel, the diameter of which is 1·10 metre, the wave was not only very intense at the further end of the tube, but when this was completely closed with a plate of iron the return wave retained sufficient intensity to be heard outside the tube at the point of discharge—that is, after a transit of 3180 metres, or nearly two miles. After a second reflection from the distal extremity of the tube—that is, after traversing 6360 metres—it could still be distinctly heard; and it was not till after a third reflection at the most distant point that absolute silence occurred—that is, not till after the wave had traversed a total path of 9540 metres. There are other

interesting facts described in reference to the velocity of the propagation of waves, which we have not space to give, but which will well repay perusal.

COUNTY ASYLUM REPORTS FOR 1868.

THESE Reports, which reach us in numbers at this time of the year, so nearly resemble one another, and also the reports of past years, as to make it unnecessary to notice them in detail. Being addressed to the visiting justices, they are mainly occupied with such matters affecting the internal administration of the institutions as have little more than a local interest. An important scientific improvement is, however, noticeable in nearly all the reports which have come to hand—namely, the adoption of the uniform system of statistical tables recommended by the Medico-Psychological Association. It is possible now to compare the records of one asylum with those of another; and it will be possible, when a sufficient time has elapsed, to obtain a collection of data respecting insanity on which to found definite and sound conclusions. The want of these data makes it yet impossible to determine positively whether insanity is of more frequent occurrence in proportion to population now than it was in the days of our grandfathers.

Without doubt there are many more persons shut up in lunatic asylums at this moment than there ever were at any other period in the history of this or any other country; but it is equally beyond doubt that the main part of the increase is owing not to an actual increase of insanity in the population, but, first, to the operation of the successive Lunacy Acts in augmenting the admissions of harmless chronic lunatics, idiots, and imbeciles into asylums; and, secondly, to the accumulation there of those who are not discharged recovered, and of those who do not die so soon as they unquestionably would have died had they not been brought under proper care and treatment. We may illustrate the effects of these causes by a few figures selected from a table in the full and carefully prepared Report of the Salop Asylum. Thus in 1845 there were 89 patients admitted, of whom there remained in the asylum at the end of the year 9 cases; in 1855 the admissions were 108, of whom 7 remained at the year's end; in 1865 the admissions mounted up to 187, and there remained as many as 73 of them undischarged on the last day of the year. It is easy to perceive, then, why the asylum population increases, without being driven to assume a greater liability of the general population to insanity. An important question arising out of these considerations, which has never yet received the attention it deserves, is whether there is really an increase in the proportion of recoveries under the modern system of treatment, or whether more people recovered under the old system. No doubt it is commonly assumed that a greater proportion of recoveries is one element in the superiority of the modern humane treatment; but this is by no means yet proved to be so. Take, for example, the percentage of recoveries on the admissions for last year in the Sussex Asylum, which is a very favourable example of a modern English county asylum, and compare it with what Dr. Thurnam, in his standard work on the "Statistics of Insanity," published in 1845, when the old system of restraint was just passing away, determines to be the proportion of recoveries. He arrived at the conclusion that, as regards the recoveries in asylums which have been established some time, "a proportion of much less than 40 per cent. of the admissions is, under ordinary circumstances, to be regarded as a low proportion, and one much exceeding 45 per cent. as a high proportion." Now, the proportion of recoveries at the Sussex Asylum for 1868 appears to be only 25 per cent. of the admissions. Are we to conclude, then, that fewer persons recover from insanity now than did formerly, and that herein lies another cause of the progressive increase of the asylum population? Such a hasty conclusion is certainly not warranted; but there can be no question that the influence of the modern method of dealing with the insane, on the proportion of recoveries, requires a more careful and exact consideration than it has yet received. It is the fashion to identify the organisation of a well-conducted county asylum with the modern, enlightened, and humane non-restraint system; but it must not be forgotten that they are not identical nor inseparable. On the contrary, it should be borne in mind that all the worst abuses of the old and barbarous system occurred in asylums, that the modern county asylum has not yet exhausted the possibilities of progress, and that no organisation has yet been attempted in this country for applying the principles of the modern system to the treatment of the insane poor outside an asylum.

We observe that some superintendents confine their reports to an account of the administrative, financial, and economic results of the year; while others enter into comments on the medical results, and give something of a scientific character to their reports. To these we would suggest that it would be desirable to give, in their comments, fuller and more exact information with regard to some of the statistical tables. Thus, for example, in addition to being told in figures that so many patients were readmitted, it would be instructive to learn what was the form and duration of the first attack, and what the form and duration of the second attack, in each case. Again, a more exact discrimination of the forms of insanity than is conveyed by the general terms "mania" and "melancholia," when giving the number of those who recovered and the forms of disease they suffered from, would impart additional scientific value to the reports; for the practical physician must recognise certain definitely marked varieties of mania and melancholia, when he is called upon to give an opinion with regard to probable course, prognosis, and treatment in a particular case. Another very necessary improvement might be effected in more than one of these reports, notably in one from a northern county, by some attention to the common rules of English composition. It is a pity that such a fault should deface any reports which, whatever their scientific value, afford conclusive testimony of energetic and useful administrative work.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1869.

ROYAL COLLEGE OF PHYSICIANS.

THURSDAY, JULY 1ST, 1869.

AFTER the President's Address, which was published *in extenso* in our last number,

Sir D. CORRIGAN raised some doubts as to whether the Council really now had a President, urging that the reappointment of Dr. Burrows was only for a time, which time had, in fact, now expired.

Various speakers rose, but none supported Sir Dominic in his view of the question, which he stated in his least gracious way; whereupon

The PRESIDENT rose and said: You have heard the statements made by Mr. Hawkins, Dr. Andrew Wood, and Dr. A. Smith with regard to the communication that they made to me in your name. I beg to endorse every word of those statements. I wished to place my resignation in your hands last year because, as I before stated, I thought it would be ex-

tremely inconvenient that you should be brought together in February to elect a president. I was then asked by the gentlemen who formed the deputation to accede to the wishes of the Council, and retain my office; but if the request had been accompanied with any miserable conditions that I was to resign on a particular day, I should have said, "Certainly not." I believed you to be gentlemen as I am a gentleman. I have stated the terms upon which I accepted the honour you offered me, and by those terms I shall abide. As to what passed through the mind of Sir Dominic Corrigan, what he thought or intended, I regard it as the idle wind. I respect him as a public man; but when he treats me in that way I cannot regard him at all. I am a public man here; I sacrifice my private convenience, my private prospects, my wishes and the wishes of my family, to do my duty in this Council, and I have endeavoured faithfully to perform it. It has been by no means my wish or intention to retain the office. I have retained it until the present time, when you should be assembled together and have an opportunity of discussing whom you would select to fill this office. I have been carrying on a certain amount of public business during the recess, and it was necessary that I should give you an account of my work, and carry on the business of the Council until you had an opportunity of conferring and determining whom you would select as my successor. I have had no other than public motives, and I hope you will appreciate those motives as you have so kindly done before. (Hear, hear.)

The following committees were then appointed:—Business Committee: Dr. Andrew Wood, Dr. Embleton, Dr. A. Smith, Mr. Cæsar Hawkins, Dr. Leet.—Finance Committee: Dr. Sharpey, Dr. Quain, Dr. A. Smith, Dr. Fleming, Mr. Cooper.—Committee on Registration of Medical Students, &c.: Dr. Embleton, Mr. Hawkins, Dr. Fleming, Dr. Thomson, Dr. A. Smith, Dr. Sharpey.

The following communication was read from the Government regarding the amendment of the Medical Acts:—

Medical Department of the Privy Council Office, May 14th, 1869.

SIR,—With reference to the Draft Bill which you recently brought under the Lord President's notice, as proposed by the General Council of Medical Education and Registration, for amendment of the Medical Act, 1858, his Lordship directs me to inform you that, with every wish to assist the Medical Council in accomplishing its important duties, he does not feel that he could undertake to bring the proposals of the Draft Bill separately before Parliament, as a measure recommended by the Government, unless he regarded them as covering all the ground where amendment of the Medical Act is wanted; for, considering that the Act has at present been more than ten years in operation, the Lord President presumes that a fair judgment can now be formed on its success and merits as a whole, and he thinks that a judgment of this more comprehensive sort must be the basis of any amending Bill to be introduced on the part of the Government. The Lord President would be glad to have the fullest possible explanations with the General Council on this larger aspect of the case; and, though the requisite consideration could not be given to the subject in time for legislation in the present far-advanced session of Parliament, his Lordship would hope to be able to deal with it next year in the light of such information as he may meanwhile receive.

On the present occasion the Lord President does not propose to enter minutely on the question of the working of the Medical Act; but there is one point which his Lordship would wish to bring specially under your attention. His Lordship is advised that the Act is seriously defective, as not providing for a satisfactory and uniform minimum standard of admissibility to the Medical Register, and as not enabling the General Council to issue regulations in this respect. The state of the law in the United Kingdom (unlike that which obtains generally in Europe in the same matter) allows a minimum qualification in Surgery to be registered without any qualification in Medicine, and similarly a minimum qualification in Medicine to be registered without any qualification in Surgery; and, so far as may be judged from a recently published analysis of titles contained in the Medical Register, it would seem that persons practising on those half-qualifications are to be counted by thousands in the United Kingdom. Cases are not infrequently brought under his Lordship's official notice where persons possessing only such half-qualifications undertake, nevertheless, to act in all departments of professional practice, and even obtain engagement as salaried attendants on the sick poor in relation to whatever diseases or injuries may affect them. The Lord President regards this state of things as open to serious objection, and his Lordship doubts whether Government could sanction any amendment of the Medical Act which should leave so great an existing evil undealt with. The Lord President is, of course, aware that at the present time most of the examining boards which confer half-qualifications voluntarily extend their examinations beyond the limits of their titular qualification; but his Lordship doubts whether that mode of action, at its best, can supply more than a very imperfect substitute for complete legal qualification, and whether, if it were universal and permanent, it would not itself tend to develop considerable new difficulties.

The Lord President understands that the General Council will now very shortly enter upon its annual session in London, and he accordingly directs me to suggest that perhaps you would bring the above branch of the subject under the particular consideration of the Council, with a view to his being favoured with any recommendation which the Council may be disposed to make in regard of it.

His Lordship further directs me to suggest that the same opportunity would be favourable for eliciting the opinion of members of the Council, whether, if new legislation is to take place, it would be desirable to change in any respect the constitution of the Council which the Act of 1858 established.

I have the honour to be, Sir, your obedient servant,
(Signed) JOHN SIMON.

Dr. Burrows, F.R.S., President of the General Medical Council.

Dr. QUAIN moved that the letter be received and entered on the Minutes.

Dr. STORRAR seconded the motion, which was agreed to.

Dr. ANDREW WOOD said he did not think that the proposal would meet the requirements of the case in so important a matter. It was the largest business to be entered upon by the Council, and it should be taken into consideration at as early a period as possible. He wished now to give notice that he would, at the next sitting, move the appointment of a committee to consider the question of the Medical Acts, and would move that the communication from the Government should be referred to such committee.

Dr. ALEX. WOOD seconded the motion, and said he hoped that the appointment of the committee would issue in the introduction of a Bill of larger scope than the Amendment Act.

A communication was read from the Garioch and Northern Medical Association, advocating the direct representation of the profession in the Medical Council. The communication was ordered to be entered on the Minutes.

A long communication on the same subject was read from Dr. Prosser James.

A letter was read from Dr. Bell Fletcher, of Birmingham, asking that the Council would receive a deputation to present a memorial, signed by two thousand persons, with regard to an amendment of the Medical Act.

A motion was then proposed by Dr. PAGET, seconded by Dr. STORRAR, and agreed to, that the request of Dr. Fletcher be complied with; and Wednesday, at 3 o'clock, was named as the time of receiving the deputation.

Mr. CÆSAR HAWKINS, in bringing up a report from the Executive Committee respecting the printing expenses of the Council, called attention to the increasing printing expenditure which had been incurred of late years, especially in printing the Minutes; the amount last year being no less than £681. Various recommendations made by the Committee with a view of effecting economy in this department were unanimously adopted.

A list was laid before the Council of examining bodies whose examinations fulfil the conditions of the Council as regards preliminary education; and reports were read from the Branch Councils with reference to the question of the establishment of boards, appointed by the General Council or the Branch Councils, for preliminary examinations. The English Branch reported "that it would not, in its opinion, conduce, in England, to a more efficient and satisfactory system of conducting the examination of students in preliminary education if a board were appointed by the General Medical Council to arrange and conduct, under their supervision, these examinations." The Scotch Branch suggested the appointment of a joint board of examination; and the Irish Branch were of opinion that the preliminary examinations might be conducted by an examining board for each division of the kingdom.

Dr. BENNETT gave notice of his intention to move a resolution to the effect that, owing to the existence of so many examining bodies whose certificates deserve the fullest confidence, and that are readily available in all parts of the country, the time had arrived when the Council should cease to sanction preliminary boards constituted specifically for the purpose of the profession by licensing bodies. There were, he said, only two such boards left in England. The College of Physicians had for some time ceased to carry on any preliminary examination, believing that it was unnecessary, and that it was better to encourage the students to come up with certificates from the various examining bodies in whom full confidence was placed.

Dr. FLEMING thought that the subject was well worthy the attention of the Council, but that it could not well be taken up in its present crude state. He moved that the reports of the Branch Councils and the list of examining bodies be referred to the committee that sat last year on the same subject.

Dr. ALEX. WOOD, in seconding the motion, said there was no subject before the Council that exceeded the importance of preliminary education. Anyone who had filled the office of examiner at any of the boards must have seen that th want of previous cultivation was the great impediment t

the accurate acquirement of professional knowledge. Without such cultivation, all regulations with regard to professional education would be unavailing. The Bill brought in by the late Sir James Graham, which he regarded as a model Bill, provided that there should be examining boards in each division of the kingdom, not only for preliminary but also for professional education. In Scotland arrangements were made for such a board; in England there was not the same harmony between the different bodies. He thought the Council had done a great deal towards bringing the different conflicting medical bodies into harmony. The Bill to which he had referred contained, he believed, more valuable suggestions for medical reform and the improvement of medical education than anything since proposed.

Dr. Andrew Wood said that Mr. Headlam's Bill (which he preferred to Sir James Graham's) contained a clause for the establishment of a board of preliminary examination. He thought, with Dr. Bennett, that the licensing bodies should get rid of their preliminary examinations, but not until they had something better as a substitute than a long list of examining bodies over which they had no control. The examinations of the licensing bodies were to some extent under the control of the Council; they had been visited and reported upon, and improvements had been introduced in consequence; but the Council knew no more of the mode in which the numerous examining bodies conducted their examinations than they did of what was going on in the moon.

Mr. Hargrave was glad that the Council was at length moving in a matter of such deep importance. Properly constituted boards would be the most efficient and impartial test they could have of the education of medical students.

Dr. Storrar could see no benefit to be derived from remitting the subject again to a committee; and unless some stronger reasons were urged for the adoption of the course, he should vote against the proposal.

Dr. Bennett said that anyone who would look at the papers and statistics of the various examining boards would feel thoroughly satisfied that the medical profession could not desire anything better for its students than that they should pass those boards with honour. The Council had all the control that it could need, for it specified the subjects on which it required the students to be examined; and he believed that if any of those subjects were not comprised in the lists of any of the examining bodies, there would be no difficulty, in England at least, in getting them introduced. These boards were distributed all over the country, so that the students were not required to leave their own homes or districts for the purpose of attending the examinations.

Sir D. Corrigan said he had for the present withdrawn a motion that he had on the paper recommending the appointment of a Royal Commission on this subject; but he thought it must come to that in the end. The Council had no control whatever over the present examining bodies, who could at any moment alter their list of subjects in which students were examined. No other profession put out of its own hands the power of testing the preliminary education of its students. The solicitors of Ireland did not receive the certificates of any other body; and he thought it most undesirable to entrust the examination of medical students to a rambling menagerie of examiners. (Laughter.) Among the examining bodies which Dr. Bennett had lauded so highly was one which issued papers for a competitive examination in the engineer establishment of the department of Public Works in India, held in London in December, 1868. The examiner of a borough school got hold of the paper of questions, and placed it in the hands of a number of boys from ten to fifteen years old, with this memorandum: "Point out the instances of bad grammar and nonsense, and state correctly what the author probably meant to convey." (Laughter.) Sir D. Corrigan quoted some of the questions in the paper, with a view of showing the style of their composition, and asked whether it was desirable to entrust the examination of medical students to bodies over whom the Council had no control, instead of having a board specially appointed for each division of the kingdom.

Mr. Cæsar Hawkins said that the examining body whose papers had been criticised by Sir Dominic Corrigan was not one of those recognised by the Council, and the questions were framed for the examination of workmen in the engineering department of India, and were probably drawn up by one of the men of that class. When the College of Surgeons in 1858 decided that every student should undergo a preliminary examination, there was no examining body that they could safely trust, and they accordingly instituted a special examination, to be conducted, not by themselves, but by the College of Preceptors. He agreed with Dr. Bennett in thinking that there were now a great number of educational bodies which could well be trusted in the matter of preliminary education.

Dr. Parkes said it was not correct to say that the Medical Council had no control over the educational bodies, for in some instances they had not only the questions sent to them, but the answers given by the students about to enter the profession.

Dr. Stokes said there had no doubt been the greatest possible improvement in the examinations during the past five years, but he could not say whether that was to be attributed to the recommendations of the Medical Council. The question was whether the preliminary examination was still to be entrusted to the licensing bodies. He did not say that those bodies were corrupt, but Cæsar's wife should be above suspicion. He cordially agreed that there was no greater safeguard for the sufficient knowledge of that class of students who had not passed the Universities than that each Branch Council should appoint its own board of preliminary examination.

Dr. Embleton thought the Council would place itself in a very absurd position if it were now to sanction a principle the very opposite of that which it had been endeavouring in previous years to carry out. He always thought it a very happy thing that there were so many boards in the kingdom capable of satisfying the Council as to the quality and quantity of their examinations. He thought it a wrong principle to centralise so much as would be implied in the appointment of a board in each division of the kingdom. As medical men they ought to be content with the examinations of the recognised bodies throughout the country, and to look more particularly into professional education and examination.

Dr. Paget said that the Council could at any moment, as indeed it had done, strike off the list any one of the examinations that was found to be insufficient.

Dr. Fleming having replied, the resolution was put to the vote and carried, 14 voting in its favour, and 7 against.

Dr. Fleming, Dr. Alexander Wood, Dr. Risdon Bennett, Dr. Leet, Sir Dominic Corrigan, Dr. Paget, and Dr. Storrar were appointed as the committee.

The Council then adjourned.

Friday, July 2nd.

The Council reassembled at two o'clock.

THE MEDICAL ACTS.

Dr. Andrew Wood proposed, "That a committee be appointed to consider the question of the amendment of the Medical Acts, and that to this committee the communication from the Government on the subject be referred." He said the Medical Council had been going on, year after year, knocking at the doors of successive Governments, Whig and Tory, and all they got for their trouble was a great deal of courtesy, and very little material support. There was a Scotch story of an old lady, who, when she passed the elders who stood with the plates at the kirk doors, used always to give them a most elegant curtsey, but never gave any money. At last one of the elders said to her, "Lady Betty, let's have mair of your baubees, and less of your manners." (Laughter.) He was happy to say that Government was now stirring itself in the matter, and had actually indicated several points for the consideration of the Council. This, therefore, was a very favourable opportunity for considering the subject of the Medical Act of 1858, especially since last week in the House of Commons a statement was made with reference to the Medical Council and the Medical Acts by Sir John Gray. The Medical Council had always been alive to defects in the Medical Act. At a very early period of their sittings they had set themselves about the task of amending it; and if they had obtained more sympathy and more assistance from the Government in former days, it would have been long since amended. There was far too great an impression upon the public mind that medical legislation concerned more the medical profession than it did the general public. The object of medical legis-

lation was not directly to benefit the medical profession, though indirectly it did so, but to benefit the public, because by reading the preamble of the Act it would be found that the object which the paternal Government had in sanctioning that Act was to enable the public to distinguish between qualified and unqualified practitioners. The medical journals often contained attacks upon the Medical Act, and opprobrium was thrown upon it because it was said to be the Bill of the Corporations. There could not be a greater mistake. With all its merits and demerits, it was not the Bill of the Corporations, but a Bill brought in in defiance of the Corporations. The Corporations before the Medical Act was passed met together and prepared a Bill, called Mr. Headlam's Bill; and if that Bill had passed, it would have gone a great length in carrying out the present wishes of the Government. If Sir John Gray, in his speech upon the superannuation of medical officers in Ireland, had devoted a little more time to ascertaining what the real facts were, he might have saved himself from giving a very false impression (he did not do it knowingly) to the members of the House of Commons, by whom he was frequently cheered, in regard to the state of the medical profession and the acting of the Medical Council. Sir John Gray was making some remarks in regard to the age required for candidates for the Poor-law medical service—the age of twenty-three; while a man of twenty-one could hold all the medical degrees. He was interrupted by Dr. Brady, who said that by the Medical Act of 1858 he could be registered at twenty-one. Sir John Gray said he "felt indebted to his hon. friend for calling his attention to that Act, which, he did not hesitate to say, was a grievous failure. It was true that there was some petty tinkering under that Act; but the changes made, though tending to afford greater opportunities for the acquisition of knowledge and increasing the expense to the student, failed to enforce a sufficient test as to the fitness of the candidate for being licensed to practise—or, more properly speaking, to experiment upon the lives of the subjects of the Queen." He then made complaints against the licensing bodies with regard to their diplomas; and said, referring to the Army Board, that it "accepts any registered holder of a diploma in surgery as a man who had given evidence that he had received a good preliminary medical education, but they accept his diploma—and they are right—as proof of no more; and before they allow the holder of the degree (whether he has one or ten) to practise—to make experiments upon the valuable lives of the soldiers,—they take him to the bedside, and satisfy themselves that he is more likely to cure than to kill, before they give the men over to his charge. This is not done by the several licensing bodies, and he (Sir John Gray) complained of the gross neglect of their duty by the Medical Council in not having forced the licensing bodies to do this long ago." It was all very well to talk of forcing the licensing bodies to do this long ago; but if Sir John Gray had studied the Medical Act before he made his speech he would have known that the powers conferred by it upon the Council were not of so strong a nature as to enable them to carry out their resolutions when they are made. But Sir John proceeded to state that one of the great advantages held out after the passing of the Medical Act was that the Medical Council would visit the several licensing boards with a view of ascertaining whether they were doing their duty, and that this was a duty which the Medical Council had completely neglected. Now it would be doing good service if copies of the various reports of the visitations of examinations were to be sent to Sir John Gray, and it would be a very good dose for him to swallow to read the whole of them from beginning to end. The visitation of examinations had been most conscientiously and laboriously fulfilled for years past by the Council, and not only so, but fulfilled with the effect of producing great improvements in the examinations. (Hear.) He hoped they would continue to exercise that visitation, which was the real and efficient control given by the Medical Act, and was the most important part of their duty. Had the Medical Council done nothing more? What was the state of the profession? Sir John Gray stated that Sir Benjamin Brodie made a loud denunciation against the state of the profession in his day, especially with regard to preliminary and professional education. No doubt the state of the profession, especially with regard to preliminary education, was most deplorable. It was an intolerable thing that they could get the highest university honours in medicine with no other test as to preliminary education than the reading of a simple passage in Latin. Had the Council done nothing since then? Its regulations required that every medical student, before he could be registered, must have gone through an examination in the English language; in arithmetic, including vulgar and decimal fractions; in algebra, including simple equations; in geometry, including the first two books of Euclid; in Latin; and in one of the following optional subjects—Greek, French, German, natural philosophy, including mechanics, hydrostatics, and pneumatics. It had been said by the British Medical Association, who had sent up a remonstrance to the Council, that although a preliminary examination was instituted, it was pitched very low. He did not admit that. The standard to which the Medical Association wished to raise them was the London University examinations. It was totally out of the question for any sane man to say that they required that as a preliminary entrance into the profession. If it was pitched too high, one of two effects would be produced,—either the examination would become a sham because it would not be insisted upon, or else the public would be deprived of an adequate supply of medical practitioners. He believed they had gone as far as they possibly could at present; but cherished the hope that within a few years, when they had operated through their examinations, as they were now doing upon the lower schools of the country, they would be able to insist upon a larger test. Two or three years ago the Medical Council adopted a resolution that Greek should be made compulsory. He was glad that the Council had rescinded that resolution, because he was persuaded that it could not have been insisted upon. When the Medical Council was accused of having done nothing for the profession, it was forgotten that by their moral suasion, or their regulations, or in some other way, they had produced this effect—that he believed there was not a single licensing board in the country that was not insisting upon a preliminary examination. That was not the case in the days of Sir Benjamin Brodie. Then, again, they were told by Sir John Gray that it was all very fine to examine upon anatomy, chemistry, and botany; but that would not enable a man to practise at the bedside. And he made it a great accusation against the Council that they had done nothing in the way of causing the corporations to adopt clinical examinations. He was wrong there also. Most of the boards in Scotland had adopted clinical examinations; and no qualification in medicine or surgery was given without them. Was it nothing that the Council had also established an Imperial Pharmacopœia, admitted on all hands to be equal to any in the world? Having given this general answer to Sir John Gray's speech, he came to the question,—was there, or was there not, any need to amend the Medical Act, and if so what were the chief things therein requiring amendment? They had already proposed two most important amendments. They recommended the substitution of a clause for Clause 40, with regard to the penalty upon those practising under false titles, and had also adopted a clause enabling them to register colonial degrees. There had been a very great outcry on the part of medical practitioners that the Medical Act had not protected them sufficiently. He denied that the Medical Act was meant to protect them. The Medical Act was not meant to protect medical practitioners from quack doctors, for if it had been so intended, most unquestionably it would have been in instant operation. Any man might attempt to put down the practice of quacks, but no legislation would enable him to do that as long as there were men willing to be quacked. In the Medical Act of 1858 the words were so obscurely stated that there had been a miscarriage of justice. Men frequently assumed various titles, and sinned against the spirit of the Act, who could not be convicted on account of the letter of the Act. He believed, however, that if the clause were carried out which was drafted by the Council after considerable discussion some years back, and which enforced the registration of all qualified medical men, and made the Register the proper evidence by which a judge was to discriminate as to who was entitled to call himself a surgeon and so on, great good would ensue. The communication from the Government referred to what he had always thought to be a most important matter—namely, the amalgamation of the examinations. The general opinion now was, that every man put upon the

Register as a qualified practitioner must have been educated and examined in every part of his profession, and it would be a great advantage if in the Bill to be brought in by the Government a clause was inserted by which the Medical Council might be entitled to form a preliminary board of examination in each of the three parts of the kingdom. Ireland and Scotland would adopt such a course at once, whatever England might do, and a most important boon would be conferred upon the licensing boards, who were not at all anxious to retain the power of examining in general education. The time had now come when they must discuss the constitution of the Council, and they must be prepared to give an answer to the Government, stating either that they believed the constitution of the Council to be perfect at present, or that it required modification, and, if so, how it could best be modified. Under these circumstances, they would agree that a committee, at all events, should be appointed to consider this question. That committee would have difficult work before it; but it would be greatly aided by referring to previous attempts at legislation. They required a Bill which would have some permanency. It was not conducive to the interests of the profession or the public to have from time to time little and imperfect Bills which required constant tinkering. Legislation with regard to medicine should be thorough, and he hoped Government in taking up the matter would show itself in earnest; and that whilst they desired to benefit the public and the profession, they would also show that they were not prepared to take any violent means which might have the effect either of crippling or much less destroying those valuable institutions, the Colleges of the country, which were peculiarly British institutions, and which, notwithstanding the abuse frequently lavished upon them, had been a benefit to the community and to the profession. (Hear, hear.)

Mr. CÆSAR HAWKINS, in seconding the motion, said it was an error to suppose that "half qualifications" were given, as stated by Sir John Gray. Most of the licensing bodies now required an examination in medicine and surgery before granting a diploma. The College of Surgeons had long desired to adopt that course, but they were told by their legal advisers that they could not do so; but he (Mr. Hawkins) felt that this was not likely to be the case if the question were put in a proper way. He was then requested to meet the legal adviser of the College, and to assist in drawing up a "case," which was laid before the Council, who declared that they had as much power to insist upon a medical examination as they had to insist upon preliminary education. The rule had been accordingly altered, and no one could now pass the College of Surgeons without a medical examination. He believed there was no body in England except the Apothecaries' Society that did not require an examination in both subjects; and he thought that if Mr. Cooper would adopt the same course as he (Mr. Hawkins) had done, a similar result would follow.

Mr. COOPER said he did not think that the Apothecaries' Society should be called upon to examine in surgery. The Society obtained its Act mainly with a view of providing efficient medical practitioners.

Sir D. CORRIGAN said he felt bound to defend Sir John Gray from the attack that had been made upon him. He was a warm friend of the profession, and had graduated in it; and if he had fallen into mistake or used rough words in the House of Commons, they should attribute his errors to the sources from which he derived his information, and make every allowance for what he might have said in the heat of debate. Dr. Andrew Wood complained that Sir John Gray had said that the Act was a perfect failure. If he had simply said that it was a failure, could anyone dispute the assertion? If it had not been a failure, why should it be now amended? If it was necessary to amend it, it must have been a failure to a certain extent. Sir John Gray stated that they had not succeeded in providing well-educated practitioners for the care of the poor; and that the Army, Navy, and India Boards had been obliged to ignore the qualifications issued by all the licensing bodies in the kingdom. Was not that a fact? and was it not an additional proof that the Act had been a failure? Sir John Gray charged the Council with not enforcing its recommendations or regulations. Either the Council had or had not the power to enforce them. If it had, as many asserted, it had been guilty of a dereliction of duty; for there was scarcely a licensing body in the kingdom that had not laughed at the regulations of the Council. Dr. Andrew Wood had stated that the visitations of the examinations had been laboriously and efficiently carried out. He (Sir D. Corrigan) maintained that they had not. No statement was given in the return as to the number of visits that had been made. One of the immaculate bodies in Scotland permitted one young man, on the payment of 10s. additional, to have a special examination in the evening. Dr. Andrew Wood had said that the standard had been raised. On the contrary, it had been lowered. (Oh, oh!) The Apothecaries' Society of Ireland had for the last seventy years required an examination in Greek; but the Medical Council had decided that the year 1870 would be too soon to require from a medical student even a knowledge of the Greek letters. Could that be called an advance in regard to preliminary education? It was said that the standard should not be fixed too high, and the reason assigned by Dr. Andrew Wood was that if too high a standard was demanded there would not be a sufficient supply of ill-educated men.

Dr. ANDREW WOOD.—No, no.

Sir D. CORRIGAN.—That there would not be a sufficient number of medical men for the country. (Hear.) Were they bound to consult the views of beggarly boards of guardians, who did not care a farthing to whom they entrusted the lives of the poor, but who took very good care not to go themselves to the man who would take the smallest fee. When Abraham Collis was examined before a committee of the House of Commons, he was asked whether it would not be possible or prudent to educate an inferior class of men for the poor; and his answer (which he should never forget) was: "I know no mode of curing poor men different from that of curing the rich." Whether or not preliminary education had been, as Dr. Andrew Wood stated, much improved, might be seen by referring to the returns from the Navy Board of last year, which specified the points on which the candidates were found to be deficient. Among the Scotch Universities there was at least one that gave a degree without any examination at all—the University of St. Andrews. (No, no.) Degrees were given to men over forty years of age who satisfied the examiners as to their proficiency and obtained certificates from members of the profession that they were respectable men. So far from there being any examination, there was not an hospital in the town that could be employed for that purpose.

Dr. ALEX. WOOD said he was not surprised that Sir John Gray should have found a champion in Sir D. Corrigan; for the sentiments of the two baronets appeared to be identical. It was stated that Sir John Gray had graduated in the profession; but he had taken care to protect himself against their discipline, for he had never enrolled himself under the Medical Act, and was not a medical practitioner. (Laughter.) Sir D. Corrigan supported Sir John Gray's statements that the Medical Act was a failure, because it was about to be amended. It was quite possible to mend a thing that was not a perfect failure. A thing might be very good, and yet might contain defects requiring amendment. After all, there were but two or three clauses to which any amendment had been proposed. With regard to the enforcement of the regulations of the Council, it was well known that one of the largest examining bodies refused to submit itself to those regulations. An effort was made to bring that body before the Privy Council; and who was it that did his best to prevent it? Sir D. Corrigan. The University of Edinburgh had adopted the recommendations of the Council; but Sir D. Corrigan, on the contrary, had defied the Council, and yet he taunted it with not enforcing its regulations. It was said that the visitations of examinations had not been properly carried out. It was Ireland again that had furnished the examples of recusance. It was Sir D. Corrigan who defied the Council, and then taunted it with being defied! It had even been said that the Council had lowered the standard of education. It had, on the contrary, done much to raise it. The Society of Apothecaries in Ireland, they were told, had been in the habit of examining in Greek. He only wished that that Society had examined its licentiates in subjects that would make them better practitioners. The Council had used a wise discretion in resolving not to institute an examination in Greek until they could insure, not a smattering, but a complete knowledge of the language. Sir D. Corrigan had cited the returns of the Navy Board to show the deficiency in preliminary education. He (Dr. Alex. Wood) had often explained how fal-

lacious was such a test. In order to prove his case, Sir D. Corrigan should have referred to the army and navy returns ten years ago to see the state of matters then.

Sir D. CORRIGAN.—We had none.

Dr. ALEX. WOOD.—Then they should have been left alone. In order to prove that the standard of education had been lowered, he should have contrasted the present time with the past. No doubt much remained to be done; but to taunt the Council with having lowered the standard of education was a gratuitous insult. With regard to the University of St. Andrews, the visitors of the Council had reported that the degrees to which reference had been made were only granted upon an examination, written and oral, and upon certificates of age and of personal respectability. Not more than ten such degrees could be given each year.

After some explanations from Sir D. Corrigan,

Dr. THOMSON called attention to the rules in the Calendar of the University of St. Andrews with reference to the degrees in question, and to the favourable report of the visitors on the subject.

Dr. LEET defended the Apothecaries' Society of Dublin against the aspersions which he said had been cast upon it, observing that students from Edinburgh had often complained of the severity of its examinations. He believed that the Society possessed the entire confidence of the Irish public.

Dr. CHRISTISON said it was a defect that clinical examinations were not held at St. Andrews; but he had no doubt that it would be remedied, as it could easily be, considering the relations of St. Andrews with Dundee, where there was an excellent hospital.

Dr. ANDREW WOOD, in replying, asked Sir D. Corrigan to point out a single sentence in which he had advocated the lowering of the standard of preliminary education. With regard to the Society of Apothecaries at Dublin, he remembered the time when Sir D. Corrigan was anything but complimentary towards that body; but when it served his purpose he could hold it up as a model of perfection. He did not pretend to say that the Council was an infallible body; but it had done its best with the imperfect Act under which they were constituted; and to say that the members were a mere collection of delegates sent to advocate the petty pecuniary interests of the Corporations was a foul calumny.

The motion for the appointment of a committee was unanimously agreed to, and the following gentlemen were nominated:—The President, Dr. Bennett, Dr. Paget, Dr. Andrew Wood, Dr. Apjohn, Sir J. D. Corrigan, Dr. Parkes, Dr. Quain, and Dr. Christison, and Mr. Hawkins.

The Registrar read the following letters, which had been addressed to him in consequence of a resolution passed by the Council last year: "That the Registrar be requested to address a letter to those licensing bodies in Ireland which do not require the preliminary examination to be passed before medical study is begun, representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the licensing bodies to the recommendation of the General Medical Council in this respect, and that it is highly desirable that students in all the three divisions of the kingdom should be placed on the same footing, by the Irish licensing bodies using every means to obtain the necessary powers to enable them to require that preliminary education and examination shall be really preliminary to medical study."

King and Queen's College of Physicians in Ireland,
Dublin, March 10th, 1869.

MY DEAR SIR,—I am directed by the President and Fellows of the King and Queen's College of Physicians to inform you that they had under consideration at their meeting on Friday, the 5th inst., your letter of Aug. 22nd, enclosing a resolution relative to preliminary examination which was passed by the General Medical Council on the 6th of July, and that the following resolution was adopted by the College: "That the Council is in error in representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the licensing bodies to the recommendation of the General Medical Council—viz., that 'the preliminary examination should be passed before medical study is begun;' and, moreover, that the College is of opinion that the plan proposed by the General Medical Council, of substituting a preliminary examination to be undergone previously to the commencement of professional study, instead of encouraging an education in arts carried on for one or more years, is not calculated to advance the acquirement of a good general education."

I am, dear Sir, yours truly,
(Signed) JAMES LITTLE, M.D.,
Fellow and Registrar.

Francis Hawkins, Esq., M.D.,
Registrar, General Medical Council.

School of Physic, Trinity College, Dublin, 15th June, 1869.

SIR,—In reply to your letter of 22nd August last, and the resolution of the General Medical Council therein enclosed, I am instructed by the Board of Trinity College to forward the enclosed reply, and am

Your obedient servant,
(Signed) SAMUEL HAUGHTON,
Medical Registrar.

Dr. Francis Hawkins, &c.

"In reference to a communication from Dr. Hawkins, Registrar of the General Medical Council, to the Medical Registrar of Trinity College, enclosing a copy of a resolution passed by the General Medical Council of the United Kingdom on the 6th July, 1868: the Board of Trinity College, having consulted with the King and Queen's College of Physicians, is not at present prepared to recommend a change in the existing arrangements in the subject of preliminary education. The Board desires also to direct the attention of the Medical Council to the following resolution of the College of Physicians: 'The College is of opinion that the plan proposed by the General Medical Council, of substituting a preliminary education to be undergone previously to the commencement of professional study, instead of encouraging an education in arts, carried on for one or more years, is not calculated to advance the acquirement of a good general medical education.'

JOHN TOLEKEN,
June 14th, 1869." Registrar, Trinity College, Dublin.

Queen's University, Dublin Castle, June 26th, 1869.

SIR,—In reply to your letter of the 22nd August, 1868, enclosing a resolution of the Medical Council of the 6th July, 1868, respecting preliminary education, I am desired to express the opinion of the Senate, that a mere preliminary examination is not a sufficient test of extra-professional education. I may also observe that the matriculation examination passed by the medical students of this university constitutes only a part of the test in general education to which they are subjected.

I am, Sir, your obedient servant,
G. JOHNSTONE STONEY, Secretary.

Another communication was read from the Medical Registrar of Trinity College, Dublin; and on a motion to place this document upon the Minutes, a lengthened discussion took place with reference to the action of the King and Queen's College, Ireland, as to preliminary examination. This discussion was not terminated when the Council adjourned.

SATURDAY, JULY 3RD.

The Council met at one o'clock.

REPORT OF COMMITTEE ON STATE MEDICINE.

Dr. ACLAND brought up the Report from the Committee on State Medicine.

The Committee of the Council on State Medicine think that the replies of various persons of eminence in the legal and medical professions "warrant and even demand that the Council should insert the requisite clauses for providing a qualification in State Medicine in any amended Bill which may hereafter be prepared in Parliament." They make at present, however, no detailed suggestions. The Report on State Medicine is a very interesting one. We can only give very brief extracts from the letters of the principal persons to whom the Committee have applied for opinions. The Committee asked for answers to several questions. Thus:

QUESTION 1. *Would you state what are the subjects in which, in your opinion, candidates for a diploma or certificate in State Medicine should be examined?*

LORD CHIEF JUSTICE (Sir W. BOVILL). — First Class: Forensic Medicine, Toxicology, Morbid Anatomy, Preventive Medicine, and Diseases of the Nervous System (exclusive of Mental Affections). Second Class: Psychological Medicine and Mental Diseases. Third Class: Vital and Sanitary Statistics, Medical Topography, and portions of Engineering Science and Practice; to this class might be added the subjects of Chemistry, Hydraulics, Hydrostatics, and Vegetable Physiology. In the beginning of his letter the Lord Chief Justice says: "In the matters which come before the Courts of Law, in criminal and civil cases, the members of the medical profession who have been called as witnesses have, according to my experience, been generally well qualified by their education and knowledge to form an opinion and give evidence upon the subjects to which their attention has been directed."

Dr. W. FARR, F.R.S., D.C.L. — Preventive Medicine, Vital and Sanitary Statistics, Construction of Life-tables, Medical Topography, Engineering, Forensic Medicine, Toxicology, and Laws of Evidence.

Prof. GUY, F.R.S. — Suggests that a course comprising Morbid Anatomy and Forensic Medicine be required of all students; and for "officers of health," the course to include Preventive Medicine.

Rev. Prof. HAUGHTON. — Medical Jurisprudence, Pathology, Toxicology, the History of Epidemics, Principles of Drainage and Subterranean Movement of Water, Construction of Actuarial Tables and Formulæ, Meteorology, Practical Chemistry, and Practical Botany.

G. HEWLETT, Esq. — Would divide the study of State Medicine into two branches—Legal Medicine and Preventive Medicine: the expert in the first to have attained sufficient knowledge of Forensic Medicine, Toxicology, Morbid Anatomy, and Laws of Evidence; in the other, to have special knowledge of Vital and Sanitary Statistics, Medical Topography, and portions of Engineering Science and Practice affecting public health.

Dr. LANKESTER, F.R.S. — Physics, Experimental Philosophy, Chemistry, Botany, Animal Physiology and Pathology, and Laws of Human Economy, embracing the effect of Climate on Health, of Epidemic Diseases, and especially the Laws of Human Intelligence and Insanity.

Dr. D. MACLAGAN. — Does not approve of a diploma in State Medicine

being instituted; but if so, considers the examination ought to be essentially of a practical nature. Holds that a proper examination on Forensic Medicine will include as much of Toxicology, Morbid Anatomy (Human and Comparative), and Psychological Medicine as should be demanded from any candidate for such a diploma, and that they need not be held up as separate subjects for examination; likewise that Preventive Medicine, if rightly studied, involves an acquaintance with the general principles underlying the other subjects enumerated in the Query, and that they need not be erected into separate subjects for examination; if so, thinks that it will lead to a system of cramming.

W. H. MICHAEL, Esq.—Suggests the curriculum for degree of M.D. in London University—one year's attendance on practice of a Poor-law union, thorough knowledge of Practical Chemistry, and use of Microscope.

Prof. RAINY.—Considers that less than four years would be too short a period for acquiring a sufficient knowledge to qualify for a medical degree, and would not add any other subjects to the present curriculum; and that, for the study of Preventive Medicine, Vital and Sanitary Statistics, and Medical Topography, an additional course of study would obviously be required.

JOHN SIMON, Esq., F.R.S., D.C.L.—Thinks the subjects enumerated in Query proper subjects of examination; that Dietology should be expressly provided for; and that the candidate's knowledge of the laws relating to public health ought to be tested. Considers that Physics and Chemistry should be more thoroughly learned than what is necessary for ordinary practice.

Dr. ALFRED S. TAYLOR, F.R.S.—Considers the subjects for examination for a diploma in State Medicine should be Forensic Medicine, Toxicology, Human Morbid Anatomy, Psychological Medicine, and the Laws of Evidence. In addition to these subjects, "officers of health" should be examined in the following: Preventive Medicine, Vital and Sanitary Statistics, Medical Topography, and portions of Engineering Science and Practice.

Right Hon. Sir W. PAGE WOOD (Lord HATHERLEY).—Observes that in general a higher education is required as to elucidating the cause of death. Advises that in the education a dated narration of some observed case be given in simple untechnical language.

Question 2 is, *What is the time which should be given exclusively to these subjects, supposing it to be commenced after the completion of the ordinary period of medical study?*—And the answers are various: Six months, one year, two years, two to three years. Mr. Simon would only require that the candidate be twenty-five years old.

The answers to Question 3, having reference to the order of such studies, are equally varied, many answers being in favour of leaving the candidate to his own option.

We pass to Question 6, the answers to which greatly concern the profession—*What are the deficiencies which you have observed in medical witnesses?*

Dr. ARLIDGE.—Want of knowledge of the bearings and of the laws of Evidence, and misapprehension of their character and position as scientific witnesses, and loose notions respecting the cause of death, when violent or sudden.

R. BAKER, Esq.—Flippancy of manner, professional technicalities, and in giving hasty and tortuous answers.

Dr. BOND.—Want of precision in their knowledge, and inability to distinguish facts and opinions.

LORD CHIEF JUSTICE (Sir W. BOVILL).—Their being too much in the habit of making themselves partisans, leading to discreditable conflict of opinion.

Prof. GUY.—Want of knowledge, want of care, and want of practice as witnesses.

Rev. Prof. HAUGHTON.—Ignorance of Chemistry, Physics, Logic, and the nature of Evidence.

Dr. LANKESTER.—So far as Coroners' Courts are concerned, ignorance of Chemistry, and inexperience in making thorough post-mortem examinations, and tendency to substitute opinions for facts.

Dr. LETHEBY.—The confounding of facts with opinions, and the use of a too scientific nomenclature.

Bishop of LIMERICK.—Believes that the deficiencies in professional witnesses would be less frequently observed if the evidence of *official experts* were really attainable.

Dr. D. MACLAGAN.—Stating speculative views; making themselves pleaders; grave ignorance of the medico-legal bearing of facts, the bearing of which on the practice of the healing art they know very well; and want of acquaintance with Morbid Anatomy.

Dr. E. D. MAPOTHER.—The introduction of technical expressions; and making themselves rather advocates than witnesses.

Dr. H. MAUDSLEY.—Inability to discriminate between facts and inferences, arising from defective logical training.

W. H. MICHAEL, Esq.—Want of experience as witnesses, and of accurate habits of observation, and ignorance of Morbid Anatomy.

Prof. RAINY.—States that medical evidence is *got up* by the conflicting parties bringing forward witnesses whose *opinions* are favourable to their own case. Considers that there should be permanent medical officers, unconnected with either of the litigants, who should be qualified to give an independent opinion on the subjects submitted to them; and if there be no such permanent body, that the Court should nominate independent parties for that purpose.

Dr. C. L. ROBERTSON.—Medical witnesses generally appear to be ignorant of the Laws of Evidence, and usually hazard rash and dogmatic assertions.

J. SIMON, Esq., F.R.S.—Sometimes imperfect information, sometimes imperfect argument, and sometimes imperfect impartiality.

R. A. SMITH, Esq., F.R.S.—Assumption of knowledge outside their profession.

Dr. A. S. TAYLOR.—In not being prepared for the examination and cross-examination they must undergo.

ROBERT TRAVERS, M.B.—Inaccurate observation, inconclusive reasoning and incapacity to explain intelligibly the reasons for preferring a particular conclusion in matters that admit of various explanations.

Lord HATHERLEY.—In the use of technical scientific language. Observes that every witness should eschew the notion altogether of partisanship, but that scientific witnesses too frequently act as partisans. Considers that the judge ought to call in scientific evidence of his own selection, and doubts whether any evidence of opinion on oath should ever be given.

Question 7: *How would you propose to remedy these deficiencies; by what Education, Legal or Scientific?*

Dr. ARLIDGE.—Thinks more care should be taken in schools to demonstrate the effects of injuries, of poisoning, drowning, &c., upon the dead subject; and that, to aid this, receiving-houses for the dead should be established.

R. BAKER, Esq.—Submission to a voluntary examination for a diploma of higher and more specific character than that already possessed.

Dr. BOND.—By improving their education, particularly by a certain amount of legal training.

LORD CHIEF JUSTICE (Sir W. BOVILL).—Does not consider that the LAW of Evidence should be made a subject of study or examination for a Medical certificate. In granting any special certificate, thinks it most important that it should designate the medical distinction in the particular class, and not in any way convey an intimation that the person obtaining it may be considered as a professional witness.

Prof. GUY.—By teaching concerning Medical Evidence, and experience acquired in attending an officer of health.

Dr. LANKESTER.—By making their scientific education more complete, and a study of the laws relating to the medical profession and nature of Evidence in Courts of Law.

Dr. LETHEBY.—The remedy would be in the teaching already referred to.

Bishop of LIMERICK.—Mere legal or scientific education will not be sufficient; moral influences must be mainly relied on.

Dr. D. MACLAGAN.—By refusing to recognise a diploma the examination for which does not include part of State Medicine, and requiring a certificate on Human Morbid Anatomy.

Dr. E. D. MAPOTHER.—By restricting all public medical functions to special district officers.

Dr. H. MAUDSLEY.—By including in the scheme some examination in the principles of reasoning.

W. H. MICHAEL, Esq.—By the training and development of the perceptive faculties as distinguished from simple intellect.

Prof. RAINY.—By having for medical witnesses permanent medical officers unconnected with either of the litigants.

Dr. C. L. ROBERTSON.—By requiring a diploma in State Medicine from all medical witnesses.

J. SIMON, Esq., F.R.S.—By a generally stricter tone of logic wherever conclusions are to be drawn in common physiological and medical teaching.

Dr. A. S. TAYLOR.—By a proper course of study, and by attending lectures on Forensic Medicine.

R. TRAVERS, M.B.—By the preliminary study of Logic and Elementary Mathematics, or at least of the former.

Dr. ACLAND said this was one of the growing questions of the day. A year or two ago it was so little understood that he underwent no small amount of "chaff" for proposing to establish what people were pleased to call "doctors in State Medicine." It was somewhat curious, as showing the rapid growth of public opinion, that within the last two or three weeks, since the contents of their brief report had been discussed, he had undergone a still further amount of chaff for having been so tardy in carrying out, in some precise form, the recommendations of the Committee. He mentioned that because, on the one hand, it might have been expected that they would not have done so much; and, on the other hand, that they would have done much more. The Committee were unanimous in believing that they could really put the matter into a practical and serviceable form. They had not troubled the Council with many observations of their own, but had collected information from some of the most skilled persons both at home and abroad. There were letters from the present Lord Chancellor, and from other persons whose opinions were of not less value—from some of the most eminent and scientific persons on the Continent,—very few, but all very weighty. He thanked Dr. Rumsey, who had been of the utmost service to the Committee, and had added to the Report an elaborate analysis as the expression of his own opinion, and which would be found of the greatest service in examining the letters. That analysis would not of course be taken as having been adopted by the whole Committee, but must be studied upon its own merits with the rest of the document. The Report, no doubt, would not add much to the knowledge of the Council; but it would be useful to members to know the opinions entertained on the matter by persons whose opinions were so weighty and of such value. He hoped that at the next meeting of the Council they would be in a position to introduce some such clause as was suggested into the amended Act of Parliament. The Committee at first thought of proposing a definite clause to be incorporated in the new Act; but, upon consultation with the solicitor, it was thought the most desirable course simply to suggest that the requisite clauses should be adopted in the amended Act, as they had a Medical Amended Acts Committee sitting, and it would of course save some trouble to leave in their hands the consideration of the subject at the proper time. He moved,—"That the Report now brought up be received and entered on the Minutes."

Mr. CÆSAR HAWKINS seconded the resolution, which was adopted.

It was moved by Dr. PAGET, seconded by Dr. ANDREW

WOOD, and agreed to, — "That the petition from the Lothians' Medical Association be received and entered on the Minutes, and referred to the Committee on the Amendment of the Medical Acts."

The Returns of Examinations from the Medical Departments of the Army and Navy, and from the India Office, were laid before the Council, and ordered to be entered on the Minutes.

Dr. ANDREW WOOD moved,—"That the Standing Orders be suspended; and that, with the view of expediting the business of the various Committees, the Council do now adjourn till Monday at 2 P.M."

Dr. QUAIN seconded the motion, which was agreed to.

The Council then adjourned, and the various Committees at once commenced their sittings.

MONDAY, JULY 5TH.

The Council reassembled at two o'clock, the President in the chair.

The adjourned consideration of the motion to place on the Minutes the letter from the Medical Registrar of Trinity College, Dublin, was resumed. It having been stated that the letter had been brought before the Council under an erroneous impression, the motion was withdrawn, and the subject dropped.

Dr. AQUILLA SMITH moved,—"That the Report of the Committee, appointed by the Branch Council of England, on the Preliminary Examination of the Royal College of Surgeons of England, be printed in the Minutes, and that it be referred to the Committee appointed to consider the communication from the Government on the Amendment of the Medical Acts."

Sir D. CORRIGAN seconded the motion.

Dr. ALEX. WOOD stated that the Committee to whom it was proposed to refer the document in question had met, and agreed to their report. It would be useless, he said, under these circumstances, to refer the document to the Committee, but he did not object to its being printed in the Minutes.

Dr. AQUILLA SMITH consented to alter his motion in accordance with Dr. Alex. Wood's suggestion, and it was unanimously agreed to.

On the motion of Dr. PAGET, seconded by Dr. STORRAR, a committee was appointed to rearrange the recommendations and opinions of the Medical Council on Education, Examinations, and Registrations.

Dr. STORRAR presented a report from the Committee appointed by the English Branch Council to inspect the papers on General (preliminary) Education.

A report was read from Dr. Leet, as Visitor of the Examinations at the Queen's University in Ireland.

DR. PATTISON.

The PRESIDENT stated that Dr. Pattison had been summoned to appear before the Council to-day at three o'clock, and Mr. Ouvry was in attendance, as desired. Dr. Pattison had declined to appear personally, and had requested permission to appear by counsel. Mr. Ouvry thought that that course was not permissible. Dr. Pattison had since requested permission to put in a written statement, which request had been acceded to. Dr. Pattison's solicitors had undertaken to send the statement to the Council by three o'clock, but it had not yet arrived. He proposed to allow a little delay, a communication having been forwarded to Dr. Pattison's solicitors to inquire whether any mishap had occurred in the transmission of the statement. In so important and delicate a matter it would not be desirable to proceed without giving the accused person every opportunity of defending himself.

Dr. PARKES inquired whether any report had been received from the Committee of the Senate of the Queen's University in Ireland, to which the Report of the Committee of the Council on the Visitation of Examinations had been referred.

The REGISTRAR stated that no report had been received from the Committee of the Senate of Queen's University.

Dr. PARKES said he desired to give notice of a motion that the Registrar be requested to write to the Secretary of Queen's University for the Report of that Committee.

Sir D. CORRIGAN said that the Committee of the Senate did not report on the subject, and that the real answer of the University declining to adopt the views of the Medical Council had been already laid before them. The University thought that its own course was preferable to that recommended by the Council on the subject of Preliminary Education, and he did not think that any further information would be obtained.

Dr. PAGET asked Dr. Leet, as the visitor of the professional examination of Queen's University (who had stated in his Report that the students are allowed to commence their medical studies without any preliminary education), whether there was any examination in general education which the students had to pass in any of the three affiliated Colleges. He referred to a former report of Dr. Leet, in which it was stated that each candidate for the degree of Doctor of Medicine was required to have passed, in one of the colleges of the University, the entrance examination in arts, and to have been admitted a matriculated student of the University. Notwithstanding this statement, it was said that the exercises of some of the students inspected by Dr. Leet were very defective in English orthography, and in the Latin language.

Dr. ANDREW WOOD called attention to another portion of Dr. Leet's Report, in which it was stated, "The curriculum extends over at least four years, and is divided into periods of two years each; the candidates are recommended to pass the matriculation examination, not prior to entering upon their medical studies, but prior to entering upon the second period." He wished to ask if that was still in force.

Dr. LEET replied that it was.

Sir D. CORRIGAN said that Dr. Leet had certified that there was an excellent preliminary examination undergone at the colleges. He wished to know if Dr. Leet had ever been present at any such examinations, or ever inspected a single paper.

Dr. LEET said that he had received the information from the professors.

Sir D. CORRIGAN said he was a member of the Senate of Queen's University, and he could not endorse Dr. Leet's statement that there was an excellent preliminary examination to be passed at the colleges. The University had no control over the colleges, except when the students came for examination, and the Senate never trusted to the Preliminary Examination in Arts of the colleges themselves. They had no confidence whatever in those wonderful preliminary examinations which Dr. Leet had lauded from knowing nothing about them. (Laughter.) The Senate did not follow the example of the Medical Council, which accepted testimony of a man's educational qualifications from the Mauritius, Barbadoes, or Nova Scotia. In 1867, a young man, who came up for a degree, and was able to pass in anatomy, surgery, &c., was sent back for a year, in order that he might be better qualified in regard to English composition, modern languages, natural philosophy, &c. There had been a good deal of attack directed against the Queen's University. All he could say was that that body was prepared to defend its own course of proceeding, and it would be found from the Army and Navy returns that for the last four years not a single graduate of the University had been rejected. The attacks made on Queen's University should be directed elsewhere.

Dr. BENNETT thought that the explanation of Sir D. Corrigan was very unsatisfactory. The Medical Council had recommended that all students before entering upon professional education should have passed the Preliminary Examination in Arts, but the Queen's University refused to adopt that recommendation. This was one of the few cases that now and then presented themselves, in which he thought the Council should seriously entertain the question whether certain bodies refusing to follow the recommendations of the Medical Council ought not to be formally represented to the Privy Council.

Dr. ALEX. WOOD said he should be happy to second such a motion when made, but before any such step was taken it would be necessary that the Council should possess much more definite and precise information than that which had been offered by Sir D. Corrigan. He would suggest that the Committee which for the past two days had been seeking to penetrate the mystery surrounding the Queen's College should frame a series of questions to be transmitted to the official representative of that body in Ireland, with a view to obtaining definite answers, on which they might safely proceed. Sir D. Corrigan seemed to mistake altogether the

object of the Council in recommending that preliminary examination should precede the commencement of professional study. He appeared to think that the object was to secure that the full-fledged graduate should be qualified in arts. That was not the intention of the Council; the object was to secure that the student before commencing medical study should have such an amount of general information as would enable him profitably to receive the instructions of his medical teachers.

The PRESIDENT said that Dr. Pattison's statement had been received, the delay having occurred in consequence of the statement having been sent to the office of the Council instead of to the College of Physicians. Most of the circumstances of Dr. Pattison's case were, no doubt, familiar to the members of the Council. The case arose out of a motion for a criminal information against Dr. Pattison in the Court of Queen's Bench, the proceedings in which were fully published in the newspapers. Mr. Ouvry would explain to the Council the legal steps he had taken, and the evidence that had been prepared against Dr. Pattison.

MR. OUVRY said that by the direction of the English Branch Council he had proceeded to summon Dr. Pattison before the Medical Council to answer a charge of infamous conduct in a professional respect, under the 29th section of the Medical Act. He then read the affidavit of Mr. Charles Hay Frewen, filed some time since in the Court of Queen's Bench, on which a rule for a criminal information was granted. He said he had ascertained that no affidavit in reply had been filed on behalf of Dr. Pattison. A rule *nisi* having been granted, Mr. Frewen withdrew the charge, on Dr. Pattison's apologising, and paying the costs.

The circumstances under which Dr. Pattison was charged with endeavouring to extort money from Mr. Frewin, whose wife Dr. Pattison attended for cancer, will be familiar to our readers, and need not therefore be repeated. It is sufficient to say that having received a hundred and fifty guineas from Mr. Frewen for professional attendance, he made a demand for an additional hundred guineas, pursuant to an alleged agreement. Mr. Frewen refused to pay the sum demanded, and Dr. Pattison threatened to publish the particulars of Mrs. Frewen's case, with some strong observations on the conduct of Mr. Frewen with reference to his wife's illness. It was stated that the Judges expressed their great regret that the charge should be withdrawn, adding that they had no power to compel Mr. Frewen to proceed. Dr. Pattison, in his written statement submitted to the Council, said that the threatening letter complained of was written under circumstances of great irritation and excitement, and whilst he was smarting under what he considered a most ungrateful and false accusation that his treatment had been the cause of the lady's death. This accusation he said was made against him as a reason for not paying the balance of the sum agreed upon as his fee. He could in no degree justify his letter, but it was by no means unprovoked. He hoped that the provocation would be taken into account. The letter was, so far as he was concerned, a threat which he neither intended to act upon, nor did in any way act upon, by publishing a report of the case. He only used it as a means of expressing his sense of the wrong done to him by the unfounded charge made against him, and the withholding of his fee. He hoped that the Council would consider his case without prejudice, and deal with it with a lenient consideration.

Dr. THOMSON asked if there was any proof of Dr. Pattison having been accused of being the cause of the lady's death.

MR. OUVRY said there was no evidence of such an accusation having been made. Dr. Pattison might have filed an affidavit stating that fact, but he had not done so.

Sir D. CORRIGAN moved that Dr. Pattison be adjudged guilty of infamous conduct in a professional respect.

Dr. RUMSEY seconded the motion, which was unanimously agreed to.

On the motion of Dr. BENNETT, seconded by Mr. HAWKINS, Dr. Pattison's name was ordered to be erased from the Register.

A communication was read from the College of Surgeons of England expressing the willingness of that body to adopt the recommendations of the Medical Council with regard to vaccination.

Communications were read from the Medical Teachers' Association, and ordered to be referred to a Committee.

The REGISTRAR read a communication from the Royal College of Physicians of Edinburgh, stating that Lima Abraham La'Mert had been deprived of his licence from that College.

Dr. ALEX. WOOD said the College of Physicians of Edinburgh had been very much blamed for permitting this man's name to remain so long on their register. It had been erased from the register of the College of Surgeons in England a year ago, and would have been removed from that of the Edinburgh College of Physicians but for a technical difficulty that stood in the way. In justification of that body it must be stated that they were the first to stir in the matter, and owing to the steps then taken the Council had been enabled to remove the name of the father of this individual from the Register. It was also owing to the exertions of his College that they were able to get rid of another of the fraternity, a cousin, who kept an indecent museum in the immediate neighbourhood. Lima Abraham La'Mert applied for the licence of the College of Physicians, and underwent an examination, which was quite satisfactory. But his name was not a sweet one, and the College took the unusual precaution of requiring him to sign a document that in the event of the College granting his licence he would not join any advertising firm. Having signed it he immediately joined the firm of which his father and brother were members. The College attempted to put the document in force, but were informed that it was illegal, and that they had no right to exact from any one candidate conditions that were not demanded from every candidate. They then summoned him to appear before the College on account of a publication which he had issued. He appeared by counsel, and produced an affidavit from his father, with a statement that the father was the author of the book, and had put his son's name to it without his knowledge, and subsequently against his protest. Upon that affidavit they were able to remove the name of the father from the register. By this time the son had gone to India, and the only evidence they could get against him was a report of some proceedings in a police-court there where La'Mert gave evidence which in itself was quite condemnatory. But their legal friends alleged that they could not act on a newspaper report, but must send to Calcutta to get authorised extracts from the proceedings of the court. This they did at great expense, but unfortunately the ship in which they were conveyed, unable to bear the filthy burden, went to the bottom, and they lost the evidence. They then determined to act upon the newspaper report, and he did not think such a course could be challenged. The great fact remained that La'Mert was no longer a licentiate of his College, and the last tentacle that bound him to the Register was severed.

Dr. A. SMITH said this gentleman was also a Licentiate of the Apothecaries' Company of London. He hoped their representative would direct the attention of that body to the circumstance.

Mr. COOPER was understood to say that there were legal difficulties in the way of such a step being taken.

Dr. RISDON BENNETT asked whether it was not open to the Medical Council to strike his name off the Register.

The PRESIDENT said proper inquiry must be made, and the person summoned to appear before them.

It was moved by Dr. ALEX. WOOD, seconded by Dr. EMBLETON, and agreed to, "That the registrar do forthwith erase from the Medical Register the qualification of Lima Abraham La'Mert as a Licentiate of the Royal College of Physicians, Edinburgh."

The REGISTRAR said the next business was to consider an application from Mr. George Peterson Bernard to be reinstated on the Medical Register. The name had been removed through a mistake. Mr. Bernard's name had been entered in the obituary by a mistake, and, being abroad at the time, no contradiction was given to the statement. The usual steps were taken, and the name was removed. He now applied to have his name reinstated. The application was acceded to.

The REGISTRAR then read an application from Mr. Evan Thomas to be reinstated on the Medical Register. It appeared that he was convicted of perjury at the Liverpool Assizes in the spring of 1863. He now sent numerous testimonials, and amongst others a letter from the Judge who tried him, Baron Martin. On the supposition that the Council would refer the matter to a committee, Mr. Ouvry would be able to look over the papers, and give the Council an opinion on which they could rely.

Dr. ALEX. WOOD did not feel disposed to acquiesce in the appointment of a committee in this case. Removing a name from the Register was not like a sentence which after being enforced for a certain time, could be remitted, but it was done to keep the profession pure and above suspicion. No lapse of time would be sufficient to warrant them in restoring to the Register a person who had been guilty of perjury.

Dr. A. SMITH moved that the application be refused.

Dr. ALEX. WOOD seconded the motion.

Dr. QUAIN said that, whatever their feelings might be, it would be a very harsh proceeding to try a man without hearing all that was to be urged in his favour.

Dr. ANDREW WOOD did not think the Council should delegate its judicial functions to a committee, but should itself hear what the accused person had to say.

On the proposition of Dr. QUAIN, the memorial sent by Mr. Evan Thomas was read by the Registrar. The grounds put forward by Mr. Thomas were, that five years had elapsed since the commission of the offence, and that he was forty-seven years of age, and quite incapable of adopting another profession. Under those circumstances, and with a deep feeling of contrition for his past fault, he asked the Council to reconsider its judgment, which amounted to a permanent punishment, and, in restoring his name to the Register of members, to give him an opportunity of regaining an honourable name in his profession. The letter sent by Mr. Baron Martin was as follows:—"Hertford, July 10th, 1868. Gentlemen,—In answer to your request I have to state that I have no desire whatever that the Medical College should decline to comply with the application made to them on behalf of Mr. Evan Thomas. The punishment he has undergone must have been a very severe one." Mr. Orford, the coroner for Manchester, wrote stating that, although he hoped the present application would succeed, he was unable for technical reasons to put his signature to the memorial. He further stated that he was compelled by the Corporation, much against his will, to give evidence at the trial against Mr. Thomas. The memorial sent in favour of Mr. Thomas by the medical men of Manchester had forty-one signatures.

The report of the trial was then read from THE LANCET of April 4th, 1863.

These documents having been read and considered,

Mr. CÆSAR HAWKINS said he did not think the application should be complied with.

Dr. BENNETT inquired how it was that Mr. Thomas was on the list of the Apothecaries' Society.

Mr. COOPER said they were informed that they had not the power to erase his name.

Dr. PAGET suggested that in the amended Medical Act the Society should obtain the necessary power.

The motion for the refusal of the application was unanimously agreed to.

Mr. OUVRY read an application from Mr. Thompson Whalley to be restored to the Medical Register. He stated that this gentleman was convicted, in February, 1866, on the charge that he "by certain false pretences did fraudulently obtain certain policies of a certain insurance company, with intent to cheat and defraud," and was sentenced to fifteen months' imprisonment with hard labour. He had forwarded a memorial in his favour, extensively signed by the inhabitants of his district, and also one signed by twenty medical men.

On the motion of Mr. HAWKINS, seconded by Dr. PAGET, the application was refused.

A communication from the Bishop of Christ Church, New Zealand, respecting the educational regulations of Christ's College, New Zealand, was read, and referred to the Committee on Preliminary Examinations.

An application was read from the Principal and Vice-Chancellor, and the Dean of the Faculty of Medicine, of the McGill University, for recognition of the degrees of the University, similar to that granted to the University of Melbourne by the General Medical Council during its last session.

Dr. SHARPEY said there was some misapprehension on this subject. The privilege granted to the University of Melbourne was simply that if the Council obtained the necessary power by the amended Act, their graduates should be exempted from the condition of a year's residence in this country before registration. He thought a letter from the Registrar explaining these circumstances, would be sufficient.

The Council then adjourned.

TUESDAY, JULY 6TH.

The first business of importance brought before the Council was the reception of a long communication from the College of Surgeons of Edinburgh, commenting on the proceedings of the Council during the past session. On a motion to insert the communication on the Minutes, a spirited discussion took place as to the desirability of encouraging the different licensing bodies to criticise the proceedings of the Council. It was contended that great inconvenience would be occasioned if the different bodies were encouraged to send to the Council running commentaries on its proceedings; but it was urged by Dr. Andrew Wood and Sir D. Corrigan, that such communications should be welcomed, and that great benefit would result from a frank intercommunication between the Council and the licensing bodies. The former view prevailing, the motion to insert the communication of the College of Surgeons of Edinburgh in the Minutes was rejected.

A letter from Dr. Maclagan, on the subject of lunacy certificates, led to a motion that was unanimously adopted, that a communication be made to the Home Secretary in reference to the present state of the law on that subject.

The conduct of the Queen's University in Ireland, in reference to preliminary examinations, formed the subject of discussion during the remainder of the sitting.

It was moved by Dr. PARKES, and seconded by Dr. EMBLETON, "That the Registrar be requested to write to the Secretary of the Queen's University in Ireland, asking for the Report of the Committee of the Queen's University, to which the Report of the Committee of the Medical Council on the Visitations of Examinations was referred, and if the reply be that the Committee has not reported, that the Registrar be instructed to write and inquire for a definite reply to the passage in the Report of the Committee on the Visitation of Examinations which referred to the Preliminary Examination of the Queen's University."

To this an amendment was moved by Dr. STORRAR, and seconded by Dr. BENNETT,—"That this Council, having issued recommendations to the bodies enumerated in Schedule A of the Medical Act (viz., 'That no medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council;' and 'That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student'), and this Council having learned that the regulations and practice of the Queen's University in Ireland are not in accordance with these recommendations, the Council request the attention of the Queen's University to this want of accordance, and express the hope that before the next annual meeting of the Council the University may be able to announce to them that their regulations and practice are in conformity with the aforesaid recommendations, and thereby avoid the necessity of a representation being made by the Council on this subject to her Majesty's Most Honourable Privy Council, under the 20th section of the Medical Act."

The discussion upon this subject had not concluded when the Council adjourned.

WEDNESDAY, JULY 7TH.

The adjourned discussion on the subject of the Queen's University was resumed, and it ended in the rejection of Dr. Storrar's amendment, and the adoption of Dr. Parkes's motion.

The Council then received a deputation, together with a memorial signed by upwards of 5000 practitioners, with regard to various suggested amendments of the Medical Act. The deputation consisted of Dr. Bell Fletcher, Mr. Sampson Gamgee, Mr. Arthur Oakes, and Mr. D. C. S. Owen. Several questions were asked by different members of the Council, and answered by the deputation, who were informed by the President that the memorial would receive the fullest consideration.

The subject of State Medicine was brought forward by Dr. ACLAND, who proposed, "That in any amended Medical Bill which may be prepared for Parliament by the Council

it is desirable that the requisite permissive clauses for providing a qualification in State Medicine be inserted." Dr. Christison seconded the motion, which was supported by Dr. Macrobin, Dr. Alex. Wood, Dr. Stokes, Dr. Aquilla Smith, and Dr. Storrar, and opposed by Dr. Andrew Wood. The debate was adjourned at the rising of the Council.

THURSDAY, JUNE 8TH.

The Council met to-day at the usual hour, and after the transaction of some formal business, adjourned for the purpose of affording to the various committees an opportunity of pursuing their deliberations.

THE ARRIS AND GALE LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

THE third and concluding lecture of the course was delivered by Mr. Hulke on the 15th ult., and was devoted to the Natural and Morbid Histology of the Retina. After a few introductory remarks, the lecturer proceeded to say that in all vertebrates (except the lowest fishes), a section vertical to the surfaces of the retina exhibits the following layers, in their order from without inwards:—First, a layer of columnar bodies, the *rods and cones*, abutting against the choroid—the *bacillary layer*—known also as Jacob's membrane. To this succeeds the layer of corpuscles called the *outer granules*; then a fibrillated stratum, the *inter-granule* layer; and then another layer of corpuscles, the *inner granules*. Next to this is the layer called by some the *granular layer*, by others the grey vesicular, or grey nervous layer; then a stratum of ganglion cells; and, finally, a stratum of optic nerve fibres, bounded internally by a thin membrane, the *membrana limitans interna retinæ*.

In all these layers nervous and connective tissues are intimately commingled; and this interpenetration of the two constitutes the chief difficulty of determining the nature of any particular retinal element. In order to study these tissues, it is absolutely essential that the eyes employed should be perfectly fresh; the lapse of half an hour after the circulation has ceased, or even of a few minutes if the eye has been opened, being sufficient to make differences in the appearance of the bacillary elements. The outer surface of the fresh retina should be carefully scrutinised in order to learn if both rods and cones are present. The latter will be known by their greater stoutness, and by their lower ends lying at a deeper level than those of the rods; while in birds, in some reptiles, and in batrachians, they are immediately betrayed by their bright-coloured beads. There are many things, however, which cannot be made out in the fresh retina, or which can only be recognised by a practised observer, already familiar with their characters when they have been artificially hardened and stained. The fresh retina is also too soft to be cut in sufficiently thin vertical sections without great disturbance of the tissues. The most useful hardening agents are chromic and osmic acids. The most useful solution of chromic acid contains about one-half per cent., and is of a pale-straw tint. Small eyes may be placed in it entire; but large ones should be cut in two before immersion; and after remaining three or four days, the retina will be hard enough to allow sections to be cut sufficiently thin for study with a twenty-fifth of an inch object glass. The usefulness of chromic acid depends chiefly upon its hardening the retina well, with little alteration in the shapes of most of its elementary tissues, and upon its enabling us to cut sections in any direction. But it has the disadvantage of distorting the elements by distending them when the solution is too weak, and by shrinking them when it is too concentrated. It also renders them granular and proportionately opaque. Sections so prepared may be well stained with carmine. Osmic acid (first brought into notice by Max Schultze) is in some respects more useful than chromic. Solutions from a quarter to a half per cent. are best. This agent not only blackens the transparent nervous tissues, rendering them distinct; but it also enables us, by the aid of two fine needles, to split the retina in vertical planes, and thus to obtain beautiful sections, much thinner and cleaner than any that the most practised hand can cut with the sharpest knife. It does not make the tissues so granular as chromic acid, but it has the drawback that with it we cannot make sections in any direction. It is of the greatest service in the vertebrates with retinæ devoid of bloodvessels, because their presence seriously interferes with clean cleavage. The retina stained and hardened by osmic acid may be kept for use in distilled water for several weeks, without undergoing any further change. It is best mounted in glycerine for microscopic examination.

The lecturer next proceeded to a detailed description of the several layers in their order. The bacillary layer contains two sorts of elements, distinguished as rods and cones. Each of these consists of two segments—an outer one, the bacillus or shaft, and an inner one, the appendage or body. The shafts of both rods and cones are highly refracting conspicuous microscopic objects; while the appendages are pale, have a low refractive index, and are less evident. The inner and outer segments are separated by a sharp transverse line, where the slightest violence snaps them asunder.

The rod-shaft is a long, slender cylinder, in profile a narrow rectangle. Its ends are truncated; the outer rests on the choroidal epithelium, and the inner joins the appendage. This has commonly the shape of a slender triangle or spindle, and one of the outer granules is always associated with its inner end. The outer segment of the cones, the cone-shaft, is usually shorter than the rod-shaft, and it commonly tapers slightly outwards, the outer end being narrower than the inner. The cone-appendage is usually flask-shaped or bulbous; and, like the corresponding part of the rod, its inner end has always its associated outer granule. In the outer end of the appendage, in birds and in some reptiles and batrachians, lies the well-known coloured bead which forms so exquisitely beautiful a microscopic object in the retinæ of these animals. The inner ends of the rods and cones pass through apertures in the connective membrane called the *membrana limitans externa retinæ*, and are produced inwards among the outer granules as slender bands or fibres.

The lecturer then proceeded to sum up the evidence by which we are assured that the rods and cones are the perceptive elements of the retina, and to say how little is exactly known, beyond this, of their respective functions; and he next passed on to the other layers. The outer granules are cells or nuclei of very appreciable dimensions, each associated with a rod or cone—sometimes contained within the appendage, sometimes connected with it by a filament. In either case a filament (*the primitive bacillary fibre*) is prolonged beyond the outer granule towards the next stratum. The intergranule layer consists of a web of intermingled connective and nervous filaments. The inner granules are cells or nuclei, receiving fibres from the outer granules, and transmitting fibres to the next layer. The granular layer consists essentially of connective tissue traversed by internuncial nerve-fibres. The layer of ganglion cells consists of very distinct roundish nuclei, each imbedded in an irregular mass of pale, very soft protoplasm, about which there is not generally a very distinct cell-wall perceptible. The lecturer believes, however, that such a cell-wall exists, that all the cells are branched, and that the outer branches run outwards into the granular layer, to join those coming inwards from the inner granules, while the inner branches join the bundles of optic nerve fibres. These last radiate in a plexiform manner from the nerve entrance, curving round the *fovea centralis* in retinæ which possess that organ.

The limitations of our space render it impossible for us to follow the lecturer in his account of the manner in which these several elements are united into a harmonious whole, or in his account of the blood-supply of the retina. We hope that his lectures will be given to the profession in a more complete form than that of our brief abstract, and we heartily congratulate him on the skill with which he invested the details of microscopic anatomy with the highest degree of interest and attractiveness.

SIR THOMAS GALBRAITH LOGAN, Director-General of the Army Medical Department, received the honour of Knighthood at the hands of the Queen on Tuesday last, and was afterwards invested by Her Majesty with the insignia of a K.C.B.

THE LANCET.

LONDON: SATURDAY, JULY 10, 1869.

AT the time we write the General Medical Council has been sitting nearly a week. We sincerely wish we could say that in this time it had done anything to reverse the feeling which is spreading on every hand that, as an instrument for effecting a higher education and efficiency of the medical profession, it is most clumsy, most costly, and altogether unsatisfactory. It is amazing to see how friendless the Medical Council is. It has a good opinion of itself, and we will admit that, constituted as it is, it has done as much as could be expected of it. But we look in vain for any admirers of the Council outside of itself; and even in the Council there is apparently a feeling that things cannot go on as they are—that it is not enough to be talking year after year the very platitudes of a subject, such as that we must have a good preliminary examination, that the minds of the students must be trained before beginning the great work of education, and that professional examinations must be more clinical. Something must be done. These platitudes have filled the Minutes of the Council and the summer numbers of the medical journals for years past. Meantime scandals of insubordination and inefficiency crop up in the very Council itself, and the representatives of the bodies which are insubordinate or inefficient entertain the Council with speeches, sometimes lively, generally long, and showing that the Council's recommendations are only followed when they harmonise with the views or the interests of the examining bodies.

What strikes us in the proceedings of the meetings of the Council is, the everlasting recurrence of the same subjects, and the amount of precious time which is spent over incidental questions. Except a few judicial acts of the Council, which will have the approval of the profession—particularly a unanimous resolution to remove the name of JOHN PATTISON, M.D. of New York, from the Register, on account of "infamous conduct" in writing a letter to the husband of a deceased lady whom he had attended for cancer,—we cannot point to one act of authority or importance done in the last week. It seems as if subjects occupied the time of the Council in the inverse ratio of their importance. Let us give a few specimens of the way in which time is consumed. On Tuesday afternoon a very long letter was read from the Edinburgh College of Surgeons, commenting on each of the list of subjects which generally engage the attention of the Council. Then came a debate, extending over an hour and a half, as to whether this long letter, *de omnibus rebus*, should be entered on the Minutes. Considering that the Minutes are already so bulky and costly, and that the Council was created to make communications to, rather than to receive them from, the licensing bodies, we highly approve the resolution not to enter this letter on the Minutes; and we hope the resolution will have the effect of discouraging long communications to the Council. But here was an hour and a half of the Council's time occupied on a single letter about nothing in particular. Shortly after this, the stock subject of the insubordination of the Queen's University in Ireland came up for discussion, as it does steadily two or three times in a session. This University will not comply with the recommendation of the Council "that no medical student shall be registered until he has passed a preliminary examination." The short way of dealing with a body so rebellious would be to make a representation to the Privy Council. And Dr. STORRAR very mildly moved an amendment to the effect that the Council hoped the Queen's University would comply with their recommendation before the next annual meeting, and so avoid the necessity of a representation to the Privy Council. The sting in the tail of this amendment brought up the redoubtable representative of the Queen's University, Sir DOMINIC CORRIGAN, who spoke for forty solid minutes in terms of the most defiant and contemptuous opposition to the Council's recommendation, and declared himself ready any day to meet them before the Privy Council. In the course of his speech he indulged in various flings at the other bodies who more meekly obey the recommendations of the Council, particularly the College of Surgeons of England, concerning whose preliminary examinations he quoted Dr. STORRAR's recent and somewhat vague report: "The best answers are generally good; some of them excellent. The worst are, however, often bad; some so bad that it is not easy to see why they should have been held to be sufficient; the spelling being often bad, and the answers frequently such as to show an absence of all real knowledge of the subjects to which the questions relate." We can only surmise the body at which Sir D. CORRIGAN aimed another taunt by saying that many passed the Colleges who could not write a letter, and he had lately seen one such person who called himself in writing a "physician." Sir DOMINIC was ably answered by Dr. ALEX. WOOD; but by the time Dr. WOOD's speech was finished, which lasted twenty minutes, the hour of six had arrived, and the debate had to be adjourned. Next day this precious question occupied another hour of the Council's time, and the end of the whole matter was the defeat of even Dr. STORRAR's amendment, with its mild suggestion of the Privy Council, and the adoption of the milder motion of Dr. PARKES. If the Council is still in existence next July, there is every prospect that we shall see a repetition of this debate with an equally civil communication to the Queen's University.

This is the way in which the Council's time is frittered away day after day, and session after session. The reason is partly that the Council has no direct power to act against a recalcitrant body, and partly that, being composed largely of representatives of bodies that are conscious of some defects in their own examinations, it does not care to use the indirect power of appealing to the Privy Council. There is no saying where such an appeal would end, especially with such a practical Government in power as the present. There may be many opinions as to the best shape which any new body for maintaining the efficiency of the profession should take, but one more objectionable than the present body could scarcely be imagined. The universal de-

mand for a single, comprehensive, complete examination, qualifying for general practice, involves the abolition—or at least the fusion—of the numerous bodies existing now only to give imperfect diplomas. After this fusion they will have no individual importance, and will have less right than even now to a representation in the Council. But it is gravely to be questioned whether licensing bodies, as such, have any right at the Board of a Council which exists mainly to control them, and see that they fulfil their function. The letter of the Privy Council distinctly indicates that, in the opinion of the Government, there is an objection to the continuance of a system which permits every licensing body to give an imperfect diploma, and it delicately suggests change in the constitution of the Medical Council. We shall know shortly whether the corporation spirit in the Council allows its members to see these points in the same light in which they appear to outsiders. Disestablishment is the order of the day, and we should not be surprised to see the principle applied, in some degree, both to the Council and to the licensing boards of the representatives of which it is too largely composed. We want a smaller, more independent Council, less attached to the *status quo*, and ready and able to enforce changes which everybody feels to be necessary,—a Council which would command at once the respect of the Government, of the whole body of practitioners, of the public, and of scientific men.

As we have indicated, the Council has all its business to do yet. That is to say, it has to dispose of the Reports of its Committees on great subjects, as that on State Medicine, on the Amendment of the Medical Act, on Medical Education, and on Preliminary Education. In moving for the Committee to answer the letter from the Lord President of the Privy Council, on the evil of licensing bodies granting imperfect diplomas, and suggesting a reconsideration of the constitution of the Medical Council, Dr. ANDREW WOOD made some good points in answer to the charges brought against the Council by Sir JOHN GRAY. He showed that the Council had done something,—done, perhaps, what it could. But there is evidence enough in the Council's own Minutes of the essential truth of much that Sir JOHN said. Important licensing bodies still flourish without any clinical tests in their examinations.

The Report on State Medicine is an interesting document, and does credit to Dr. ACLAND and Dr. RUMSEY. We cannot tell the principle upon which authorities have been applied to for opinions on this subject. There are some names in this Report conspicuous by their absence. For example, the opinions of Dr. GAIRDNER, of Glasgow, and Dr. TRENCH, of Liverpool, would have been very valuable; but they are not here. We are quite prepared to believe that there may come a time when we shall need State physicians to look after the health of communities, and to perfect medical evidence in courts. Meantime we should advise the Council to do its first duties, and perfect the spelling and test the clinical knowledge of students. There is no reason why even now they should not be examined more carefully in hygiene and forensic medicine. But, after all, the best physicians will make the best witnesses, and the real basis of all good forensic medicine is a thorough knowledge of clinical medicine. A cursory view of the letters of the German authorities does not satisfy us that in their country they are very much better off than we are in the matter of State Medicine. Let the Council do its best to perfect the general body of practitioners, and it will be doing its present most urgent duty.

THE election of Councillors last Thursday is a matter of too great importance to be immediately consigned to oblivion. The fact that a larger number of Fellows voted on the recent than on any previous occasion (373 against 342 last year) shows that the constituency is becoming awake to its privileges and rights; and though it would be desirable that many more of the fourteen hundred Fellows should exercise their privileges, it is perhaps too much to expect gentlemen to travel many miles at their own cost and at great inconvenience for the purpose of voting, so far as the College itself is concerned, in perfect darkness as to the merits of the rival candidates. It is true that on the present occasion a very fair estimate might have been arrived at by the perusal of the correspondence which has appeared in the columns of THE LANCET as to the opinions of most of the candidates; but it surely cannot be long before the Fellows will insist upon meeting their representatives face to face, and in their own College hall.

Mr. SOLLY'S re-election we look upon as another instance of that gentleman's success in raising an appeal *ad misericordiam*, similar to that which secured him an additional five years' tenure of office at St. Thomas's Hospital, after he had attained the proper age for retirement. No doubt Mr. SOLLY'S case was a little hard in that he should be turned adrift when he had (to use his own expression) "his hand on the president's chair;" and he and his friends took care to say so, particularly during the week preceding the election, and on the day itself. If the presidential chair could have been secured to Mr. SOLLY without his being a fixture in the Council for the next ten years, we should have been doubly glad; but, as it is, we hope he may not be baulked at the last moment of the object of his ambition, though such *contretemps* have happened before now.

Of Mr. ERICHSEN and Mr. GAY we need say nothing, for their own words have shown how fully they appreciate their position and the trust which the Fellows have imposed upon them. We hope they will be able to withstand that soothing influence which renders Councillors so ready to "make things pleasant," and that by their efforts the government of the College and the position of the profession may be placed upon a more satisfactory basis.

Mr. HENRY LEE must console himself with the knowledge that he polled more votes than the successful candidate last year, and there can be little doubt therefore that another year will carry him into the Council chamber.

Of the fourteen hundred and odd electors, some four hundred and fifty only reside in or near London; and the remaining thousand must necessarily be interested in the question of vote by proxy, taken up by Mr. SWAIN, of Devonport, on the day of election, and again in a letter which appears in our columns this week. With every wish to see the country Fellows relieved of a burden which presses unfairly upon them, it is our duty to point out that

the College charter expressly forbids vote by proxy by its 15th section; and that therefore, until a new charter is obtained, no alteration of the rule can possibly be made. It is very different, however, with regard to the meetings of the Fellows, and the election of the representative of the College in the General Medical Council. The former are governed simply by bye-laws, which can be unmade and remade as often as required; and the usurped right to elect the latter is simply founded upon a legal opinion of no value whatever, against which a contrary opinion might be obtained to-morrow in any court of law. It is to reform in these matters that the efforts of the Fellows should be directed at the present moment, rather than to voting by proxy; and if Mr. SWAIN will throw himself into these questions with zeal, he will have a large amount of provincial and metropolitan support.

IN the last number of the *American Journal of Medical Sciences*, we find one more added to the many theories that have been advanced to explain the uses of the cerebellum. Dr. WEIR MITCHELL, an able experimenter, who states he has been studying the subject for six years, after reviewing the opinions of FLOURENS, BOUILLAUD, BROWN-SÉQUARD, LUYS, WAGNER, OLLIVIER and LEVEN, LUSSANA, and others, obtains the following results in pigeons on which he had practised both the ablation of the organ and the application of intense cold by means of RICHARDSON'S spray apparatus. After ablation he found, in accordance with the observations of other experimenters, that, if the wound were deep, convulsions invariably occurred, together with a tendency to backward movements; and that immediately succeeding, or even accompanying these, was an indescribable confusion of movement, the animal staggering &c., and exhibiting what is commonly described as an apparent want of co-ordination. Dr. MITCHELL, however, is disposed to think that these phenomena may be read in another way; and suggests, on the view that the cerebellum is related to nearly all the voluntary muscles of the body, that an irritation, which embraces in one plane all of the nerve-fibres, may give rise to irregular muscular motions, whose persistence will be limited only by the length of time during which the irritation continues. "It is clear," he says, "that nothing is more likely than that we shall have elicited a confusion of muscular replies, which, for a time, will interfere absolutely with the usual dominating influence of the volitional centres. Ablation of the cerebellum is therefore equivalent, for a time, to extensive irritation of the organ;" but this gradually subsides, and, in those that long survive the effects of the operation, may wholly disappear. The only permanent change Dr. MITCHELL thinks he has seen is, that in all the birds there is an incapability of prolonged exertion, the animals tiring much sooner than their uninjured fellows; but, beyond this, no locomotor defect, no alteration either in sensibility or in the sphere of emotional activities is perceptible. Vomiting is an occasional, but transitory, symptom. Diarrhœa commonly follows ablation, and persists for a week or more.

After having concluded these investigations, Dr. MITCHELL examined the effects of freezing the various parts of the nervous system, and found that complete refrigeration of the cervical region of birds induced asphyxia by paralysis of the respiratory nerves; but mere chilling produced gasping respiration, convulsions, backward movements, and other symptoms, which strongly reminded him of the effects of cerebellar lesions. Freezing the cerebellum induced precisely similar symptoms, and this he attributes to the congestion which cold secondarily occasions, acting as an irritant along the plane of junction of the frozen with the unaffected parts; and this view is supported by the fact that direct irritation of the cervical spinal cord with capsicum occasions the backward movements after some hours, the effect being also rather persistent. Dr. MITCHELL made the remarkable discovery, that cold applied suddenly to definite tracts of skin in pigeons gives rise to exactly the same retrogressive movements as when the correspondent spinal regions are frozen; and when the right or left side of the crop was frozen, the pigeon walked to the side opposite to that frozen. But a still more curious point remains to be noticed—namely, that in animals from whom the cerebellum had been removed, the effects of congelation and of irritants were still the same, the birds being yet capable of exhibiting in perfection the retrogressive acts, convulsions, and lateral walking; showing clearly that the cerebellum was not needed to produce the phenomena described: and hence Dr. MITCHELL believes that "if there be such a functional entity, having a separate seat, as the so-called co-ordination, it belongs in birds to an extensive region, including the cerebellum and a large portion of the spine. There is yet possible," he believes, however, "another view of cerebellar activity, which will accept all of the facts, and account for all. Let us suppose the cerebellum to be a great ganglionic mass, possessing the same motor functions as the grey matter of the spine, related like it and through it to the voluntary muscles. Irritation of its tissue, ablation (the temporary equivalent of extensive irritation), congestions, as from cold or other causes, might occasion, both directly through the spine, or indirectly by reaction on its ganglia, just such confusion of motion, restlessness, and locomotor disorder as we do actually see, and as we said, entitle it to be called the organ for co-ordinating muscular acts. As the irritation disappeared, so would the muscular disturbance, until, when there was no longer irritation, there would cease to be locomotor difficulties of the character described; the spinal centres having by degrees assumed, with the aid of the will, the function shared in health with the lost organ." Upon the whole, therefore, Dr. MITCHELL is disposed to deny to the cerebellum any larger share in co-ordination than exists in any ganglion employed in voluntary motion, and assigns to it a part closely relating it in powers to the chain of spinal ganglia. He regards it as a great reinforcing organ, capable of being more or less used in volitional muscular motion; and the apparent want of co-ordination observed after deep injuries is partly to be referred to the irritation of the wounded efferent cerebellar fibres, and partly to the normal activity of the will, which, in presence of the former disturbing power, fails to evolve the usual orderly reply from the muscles.

Medical Annotations.

"Ne quid nimis."

THE NON-COLLEGIATE SYSTEM.

THE gates of the University of Cambridge have swung a degree further, and are now open almost to the utmost. The change which has recently taken place, and of which a brief account was given in our last number, is of considerable importance in theory, whatever it may prove in practice. Hitherto, it is true, the University has been quite open to all comers. Students of all grades, of all nations, of all religious opinions, were free to enter, to take degrees, to compete for scholarships, and enjoy all or nearly all the privileges; but there was a *sine quâ non*. They were all obliged to enter at a College. There are, we grant, many advantages in doing this, and they are so well known that it is unnecessary to dilate upon them; but it did not seem right that it should be compulsory. If the advantages of College residence are so great, surely they need not be enforced upon the students—they will sufficiently commend themselves; and if they are not so great, *à fortiori* ought it to be optional whether to embrace them or not. To some, the restrictions, the discipline, the teaching, and the associations attendant upon College life, will appear and will prove beneficial; and these will probably always be the greater number. Our ideas of Oxford and Cambridge are so associated with their Colleges—these institutions are so noble, so wealthy, so productive of social happiness to their inmates, and have played so important a part in developing the high gentlemanly character and good scholarly tone of which we trust the Universities may long be justly proud,—that the mass of young men who can afford a university education will still be attracted to them. It would be a matter for regret if it were not so. Still, though the Colleges were originally intended to aid poor students, there is no doubt that at the present time a student may live somewhat more cheaply out of College than in one. It might be thought that such an announcement would prove an active stimulus to the rotary movements in their graves of benignant founders whose intentions would seem to have been so coolly disregarded while their wills are so piously quoted. Old Caius, one might think, would cease to smile with contented approval on the inmates of his hall if the whisper reached his ear that the students could dine cheaper elsewhere, and that it is found desirable to let them try to do so if they will. Perhaps, before frowning, his sagacity would lead him to inquire the reason; and he would learn that *tempora mutantur*, and that the students have changed too; that they wear shoes and stockings and well-washed shirts; travel in first-class railway carriages, and expect to be made comfortable; that his College has become somewhat of a luxury; that it is not needed for the ordinary work of education; and that if it is to attract students to the higher branches of learning and fit them for the higher walks of the several professions, it must make them comfortable, and, treating them all alike, must provide a good dinner for them all. The assurance that it does this, and upon very reasonable terms, would smooth his ruffled feelings; and he would probably subside into the reposeful supposition that, though things are not as they were, they may still be pretty right. Now, this is really the state of the case: a College must provide good fare—we use the word in a wide sense—for all. It must gauge, not the minimum, but the medium wants of its students, and the charges must be proportionate. Some, content with a lower scale, could provide for themselves more cheaply; and it is open to such now to do it as cheaply as they please. They will forfeit the advantages of College life, and they will escape some College fees, and be free from College restrictions; they may select their own lodging—two or three living together if they please,—and they may board in such manner as they best can; they may select their own tutors, attend such professors' lectures as they please, compete for the University scholarships and prizes, and be in all respects, as regards the University, in the same position as members of Colleges. Several of the College lectures, too, it seems, will be open to them. The necessary expenses of the University are very small; and the real expense of the three years' residence necessary to obtain a degree will depend upon themselves. They will, of course, be subject to University regulations. A somewhat similar plan was commenced at Oxford last year; and we shall watch with interest the experiment at Cambridge, when a successful effort has been made to establish a medical school. Those to whom severe economy is a law of necessity, will find some relief from the non-collegiate system; those who, having passed the ordinary age of the undergraduate student, desire a University course and degree, may find the greater independence of this system more suitable to them; and there may be others who, for various reasons, will prefer it. At any rate a restriction has been removed, and with it a reasonable ground of complaint against the University.

THE CHAIR OF PHYSIOLOGY AT KING'S COLLEGE.

WE sincerely congratulate King's College on its good fortune in securing so able a man as Dr. Rutherford to fill the Chair of Physiology. It is certainly time that something was done to infuse fresh blood and life into that once famous but now torpid institution. Dr. Rutherford is well known to those who follow the progress of science as one of the most considerable of the younger school of physiologists. His researches into animal and medical electricity, his important share in the work of the Edinburgh Mercury Committee, and quite recently his paper on the Function of the Vagus Nerve, indicate a scientific man of high rank.

THE CONTAGIOUS DISEASES ACT.

As the Committee of the House of Commons, engaged in receiving evidence in connexion with this subject, does not intend for the present to take any steps towards extending the Act to the civil population, there will be ample opportunity for discussing and deliberating on the whole question in order that some well-matured and practical scheme may be arrived at. That something further must be undertaken in the way of legislation, there can be no doubt. To limit the Act to a few garrison towns is to invite defeat by providing a measure quite inadequate to cope with the evils. The Committee, we understand, is considering the question of re-instituting the periodical examination of soldiers; but it appears to us that to subject the army to an examination from which the mercantile marine and Government *employés*, and the remainder of the male adult population, are exempt, will not tend to raise the position of the former in the opinion of recruits. Military surgeons with whom we have discussed the matter are strongly opposed to it, and we have already given their reasons for considering that it would effect no adequate good. From an order recently promulgated by the Horse Guards, we learn that, specific instructions in regard to the repression of contagious disease being about to be issued by the Director-General of the Army Medical Department, officers commanding will afford every facility to the medical officers

under their orders in carrying out the instructions in question.

The current number of the *Westminster Review* contains a very elaborate article on "Prostitution in relation to the National Health." The writer, if a non-medical man, as we imagine, displays a considerable knowledge of the medical aspect of the question; but if a medical man, we can scarcely aver as much. Be this as it may, he has evidently given a good deal of labour and consideration to the subject; but he most provokingly leaves off exactly where we were most desirous of hearing what he had to say. After placing before his readers a description of the twofold malady, prostitution and the physical disease associated with it, he proceeds to say that two questions arising out of the social and physical aspects of the question remain for solution—viz., first, How may prostitution itself be remedied? and, second, How may the diseases engendered of it be extirpated, or, at least, reduced within the narrowest possible limits? Dismissing the first, he proposes to grapple with the second, and pledges himself to prove that it can and ought to be practically dealt with; that the plan now being so vigorously pressed on the Legislature, of extending the Contagious Diseases Act to the civil population, will both signally fail to accomplish the object in view, and entail evils greater than those it is intended to remedy; and that there is a plan in harmony with the free spirit of English institutions which, if practised, will be successful, and this is to be explained in the succeeding number of the *Review*.

THE SERPENTINE.

WE have the satisfaction of recording that at length there is a probability that within a short time the Serpentine will cease to be what it has so long been—a source of danger as well as disgust to the inhabitants of the metropolis. The Estimates for 1869–70 contained an item of £13,125 for "reducing the depth, purifying, and otherwise improving the Serpentine: moiety of estimated cost;" and the vote for this purpose was taken last week, notwithstanding the almost inexplicable opposition of a few members of the House of Commons. When so rigid an economist as the present Chancellor of the Exchequer was moved to say that "the Serpentine is in a most noxious state, and ought to be properly cleaned and purified without further delay," the necessity of the case might surely have been taken for granted. Nevertheless, Mr. Sclater-Booth, because he "was not aware that the Serpentine had been the cause of disease or death;" and Mr. Cawley, because he "denied that any benefit would result from the attempt to purify it;" with others whose political insight fails to convince them that the improvement of the metropolis is a national, and not a mere local affair, objected to devote the sum proposed for this most necessary undertaking. These gentlemen will do well to read the last annual report of Dr. Aldis, the medical officer of health for the district in which the Serpentine is situate. They will find that "in consequence of the impure state of the water," and of the "increase of deaths from drowning," Dr. Aldis last autumn felt it his duty to bring the matter under the notice of the First Commissioner of Works, and to urge that remedial measures should be adopted "to prevent the recurrence of effluvia," and to "lessen the depth" of the water. The sum placed on the Estimates may be taken, therefore, as the answer of the Government to Dr. Aldis's appeal, and the House of Commons only exercised a wise discretion in supplying the means to the desired end. Dr. Aldis has obtained some statistics from the Royal Humane Society, which show that during the twenty years, 1844–63, the total number of lives lost in the Serpentine, as the result of bathing and skating, was 28, while no less than 120 persons committed suicide therein. The lives saved, during the same period, of persons who might otherwise have been drowned, either by accident or design, amounted to very nearly 600! In the last five years 294 skaters and bathers were indebted for their lives mostly to the Royal Humane Society. Without that admirable organisation, in all probability these 294 human beings would have perished miserably in the foul and treacherous lake. As it was, 13 deaths by accidental drowning occurred in the five years; and while 43 attempts at suicide were frustrated, 34 were unhappily successful. Thus it will be seen that in one way or another, 195 lives have been lost in the Serpentine since 1844—nearly 8 annually; and it is not too much to say that the greater part of these lives would have been saved had the measures now contemplated been taken twenty-five years ago.

THE EDINBURGH CLINICAL CHAIR OF SURGERY.

THIS honoured Chair is an object of envy to different surgeons. It is believed that Professor Spence would take it if offered to him. Willingly admitting Professor Spence's claims to some permanent hospital position which would involve the means of illustrating his lectures in systematic surgery, we must urge for Professor Lister, of Glasgow, a claim to this Chair exceedingly strong. It is to be hoped that it will be disposed of without reference to local prejudice, which too often determines the disposal of Scotch Chairs. We have reason to believe that Professor Lister's appointment would be gratifying to many of the profession in Edinburgh. Two hundred of the present students have memorialised him to become a candidate. We look upon Professor Lister's doctrines as opening up new prospects and possibilities to surgery. It is important for the science of surgery, and in the interest of the public, that they should be delivered from an authoritative chair, and tested in an authoritative clinique. The reputation of the surgical school of Edinburgh, which is no mean part of the fame of the University, will be maintained by Professor Lister's appointment. The Home Secretary has a great public duty to discharge in determining the successor of Professor Syme. We believe he will act under a sense of responsibility, and with a simple regard to the interests of surgery and of the University.

ST. PANCRAS WORKHOUSE INFIRMARY.

AN adjourned inquest was concluded on Monday evening, on the body of a woman named Mary Allen, who died in the infirmary of St. Pancras Workhouse. It appeared from the evidence that the husband of the deceased woman was absent, and that her children had scarlet fever, for which they were attended by Mr. Harley, one of the district medical officers, and also at that time in temporary charge of the workhouse infirmary during a vacancy. The woman herself was taken ill, Mr. Harley states, with catarrh, for which he visited her daily, and ordered her a nurse from the workhouse. On the day after the arrival of this nurse, on the 28th of May, Mr. Harley ordered the woman and her children into the workhouse infirmary, where they were all placed in a small fever ward, and attended by him. At the end of one week, on the 4th of June, he discharged them, notwithstanding the entreaties of the woman to be allowed to stay longer to get up her strength. She went out, set to work ironing and taking care of her children, and on the 20th of June was readmitted into the infirmary with erysipelas, of which she died. The jury returned a verdict which was practically one of manslaughter against Mr. Harley: but eventually this was withdrawn and modified. They found that death arose from natural

causes; but "that the conduct of Mr. Harley, the house-surgeon, in ordering Mary Allen out of the infirmary before she was wholly cured, was improper and dangerous." The inquest will be followed, we hear, by an inquiry on the part of the Poor-law Board.

In order to render the circumstances and the verdict intelligible, we must explain that there has been dissatisfaction in St. Pancras at the cost of the new infirmary now in progress at Highgate, and that a Ratepayers' Association has been formed to cut down expenditure. At the last election of guardians, by the efforts of this Association, many men new to office, and pledged to retrenchment, were returned, and their efforts are chiefly directed to procure the abandonment of the Highgate Infirmary, and the sale of the building. To this end they seek to show that the present infirmary is sufficient; and when Mr. Harley took temporary charge of it, it was reported that he had undertaken to diminish the number of inmates. At the inquest it was proved by two witnesses that Mr. Harley said "he had been sent there for a special purpose, to clear the infirmary." He denied having used these words. It was proved, too, that he assigned as a reason for discharging the deceased, that he wanted the beds, although there was a vacant bed in her ward, and the whole ward remained empty for some time after her departure. It appears, also, that he discharged from the infirmary several persons who, being inmates, went only into the adjacent workhouse, and who were so ill that their presence there interfered with the discipline and regulations, so that the medical officer of the workhouse proper was obliged speedily to send them back into the infirmary. These facts, together with the evidence of the nurses of the weakness of deceased when sent out, induced the jury to believe that Mr. Harley had not been in the *bonâ-fide* and privileged exercise of his medical discretion, discharging a cured patient whom it was expedient to discharge, but that he had lent himself to secret instructions from a section of the Board of Guardians, and was endeavouring "to clear the infirmary." It may be presumed that the Poor-law inquiry will be of a more complete character, that it will embrace other similar cases, and that it will enable us to form a more conclusive opinion upon the matter than the facts now published warrant.

There is an aspect of the case to which we must even now call attention. Mr. Harley says that the woman had "catarrh;" but, as he visited her daily, it must have been a catarrh of unusual severity. It is not doubted that the children had scarlet fever; and we may be pardoned for suggesting that the woman had it also. She was discharged from the fever ward of the workhouse scarcely convalescent; and the next day she was mixing with the crowd of applicants at the relieving office, and was ordered to attend the Relief Committee of the Board. We next hear of her as folding linen, and taking it home to her customers; and next as going out for two days' ironing. We respectfully commend the whole circumstances to the consideration of the Royal Sanitary Commission.

THE NEWCASTLE INFIRMARY: A PURE PHYSICIAN.

THOSE who wish to study change and chaos in institutions may do so by directing their attention to the Newcastle Infirmary. Verily in this hospital "the old order changeth," giving place, not to new order, but to disorder. The Committee advertise an election to take place on a certain day, and call for applications. On the day fixed they resolve to postpone the election in favour of an unqualified candidate, notwithstanding that an eligible candidate is in the field. But the great question now before the institution is—What constitutes a pure physician? Now we have always advocated holding high the qualifications of physicians and surgeons to infirmaries. If men are elected with low qualifications to the responsible and honourable offices of large hospitals, what inducement will there be for men to take the high degrees of the profession? Surely men who are to be the consulting practitioners of their respective districts should hold something more than the common licences to practise. We are glad that in the Newcastle Infirmary a candidate is required to be a graduate of a British University or a member or fellow of a College of Physicians, and that he is to practise as a pure physician. The question has arisen, in connexion with Dr. Murray, otherwise an eligible candidate, whether, practising as a general practitioner and occasionally as an obstetric physician, he was eligible according to the rule which requires "a pure physician." We do not know that the old rigid rules for preserving the physicians "pure" can be justified when it is known that most provincial physicians do more or less general practice under more or less disguise, and when the surgeons of the hospital give their advice and medicine too for sums considerably under the classical guinea. Still, we think it fair that a practitioner elected to a post which almost carries with it consulting practice should not compete with general practitioners. With this condition, doubtless the practical spirit of the times is right in the disposition to leave him to any means he likes to use to cure internal disease. Probably at the adjourned meeting at which Dr. Murray's eligibility is to be discussed on the first Thursday, this view will be taken. The Medical Board in this infirmary are in a very delicate situation just now, as advisers of the House Committee in the matter of medical appointments. They will have to act with rare wisdom and disinterestedness to avoid criticism and suspicion. We would take the liberty of advising all parties in this institution to re-establish discipline in it.

THE FARADAY MEMORIAL.

THE Chancellor of the Exchequer has a way of putting things. When the promoters of a memorial to Faraday applied to him, Mr. Lowe replied that he could not consent to appropriate public money towards the monument of a private citizen, however illustrious, and added: "I do not make this rule; I find it." This was sufficiently terse and caustic, and for the time unanswerable. The rule was, we may suppose, sought for, and, it is needless to add, remains undiscovered, inasmuch as it does not exist. On Dr. Lyon Playfair subsequently questioning Mr. Lowe in the House of Commons, the right honourable gentleman had to confess that the rule was derived from practice. To do Mr. Lowe justice, he managed to give a clever reply, which he concluded by saying: "If we look at the whole history of England, we shall find that it has never been the practice of the State to erect statues to private citizens, however eminent. Shakspeare, Milton, Newton, Locke, none of them have statues; and I think that Faraday may very well be content to be passed over in such company. The practice of this country has always been to rely upon the feeling of duty rather than upon the appetite for glory, and that nation is by no means in the ascending scale which is prodigal of its rewards." Mr. Buckle was fond of dwelling upon the fact that patronage and protection of literature and art were not aids to their growth, but the reverse; and he illustrated this by the state of French literature and art during the reign of Louis XIV. So long as Mr. Lowe holds the purse-strings, the development of genius will not be arrested by an unkindly coddling. We wish Faraday a worthy memorial with all our hearts; but we think Mr. Lowe was right nevertheless in the line he adopted.

VACCINATION AND SMALL-POX IN MILE-END.

THE suggestion made by Dr. Seaton to reduce the number of vaccination districts in Mile-end from three to two has been rejected by the guardians, inasmuch as it would be unjust to Dr. Cæsar, who was elected on the distinct understanding that he was to be a public vaccinator, and who could not be deprived of his contract without compensation. Secondly, it was urged that since the census of 1861 the northern district has greatly increased, and is still increasing; whilst the inhabitants of the workhouse and schools change so often that the return of population is no criterion of the duties required of the public vaccinator. Seeing that the population of the hamlet is estimated at 87,000, and that the births have averaged 3414 a year, the guardians are of opinion that the three districts ought to be retained. The guardians remark with truth that the Irish system of vaccination, which is so much and deservedly praised, has not been perfected by diminishing the number of public vaccinators, but on the contrary by enlisting the services of every Poor-law medical officer, who has made it his business to ferret out the neglected and unvaccinated cases. The guardians observe that medical men ought to have been paid a small fee for filling up and forwarding certificates of successful vaccination to the registrar, instead of being made liable to a penalty for refusing to do so. In Mile-end, out of 2000 births, certificates were wanting in 820 cases, and probably this deficiency is due to the fact that there are forty or fifty medical men who vaccinate, and yet do not forward the certificates as required. It is recommended—1st. That a slip showing the penalty for neglect be printed in red or blue, and affixed to every vaccination paper. 2nd. That a letter, by way of reminder, be printed, to be signed and sent by each registrar to every parent in default. And in the event of that failing, then, 3rd. That the registrar send a second letter, under the hand of the clerk, threatening proceedings. 4th. That all parties in default be reported to the board. And in case of need, 5th. That a police-court attorney be specially employed to prosecute. And 6th. That in order to cover the expense of posting all said letters, the registrars be each paid a sum not exceeding 50s. per quarter. We earnestly recommend these valuable suggestions to the consideration of other boards.

THE CHAIR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.

WE understand that the resignation by Dr. Henderson of the Edinburgh chair of Pathology is imminent, and that there are already two candidates in the field—Dr. W. Sanders and Dr. Grainger Stewart—for the expected vacancy. It is unnecessary to say that both these gentlemen are very eminent pathologists, and that either of them would do much honour to the chair. But it is our duty to point out that Dr. W. Sanders, besides abilities which are at least equal to those of his rival, possesses other merits which make his claims much the stronger. He is very considerably senior to Dr. Stewart, and his long career has been most honourably filled with pathological work of the best kind. We cannot doubt that the justice of the case and the interests of the University would alike be best served by the election of Dr. Sanders on the present occasion.

THE SANITARY STATE OF BARKING.

A RETURN of mortality recently made to the House of Commons shows that the sanitary state of Barking is by no means satisfactory. Typhus and scarlet fevers prevailed in the autumn of last year, and the general mortality was higher than it had been in former years. The increase appears to have commenced in 1863—that is, before the sewage was discharged into Barking Creek; and it was as high in 1866 as it was last year.

Incidental to the inquiry now being held by Mr. Rawlinson, some interesting statements were made by Mr. Leach, one of the surveyors in the employ of the Thames Conservancy Board, which support the views we expressed last year as to the necessity of taking some active steps to prevent the huge deposit in the river of solid matter which is brought down by the sewage. It was proved that while the soundings which had been taken in Barking Creek between 1831 and 1861 showed little or no difference in the depth of the water, those which had been made since the formation of the northern outfall in 1864, proved the existence of a deposit of 6 or 7 ft. along the shore to the extent of 700,000 cubic yards. This has not at present affected the navigation of the river; but it is obvious that such a deposit cannot be allowed to accumulate without danger both to the navigation and to the health of the neighbouring inhabitants. Mr. Leach admitted that he saw the plans of the sewer works, and approved them before they were executed; but he appears to have laboured under the impression that the reservoirs would be used for the purpose of separating the solid matters, and that the liquid only would be discharged into the river. The removal of the sediment from the bottom of the river would cost about £20,000 a year; but he said that the Board of Conservancy would much prefer to have the deposit removed by the Board of Works to having to undertake it by dredging. Mr. Hope, of the Barking Farm, said that the experiment of utilising the sewage was a complete success. He believed it could be utilised at a fabulous profit; and if the company he acted for could have the security of the rates, the money required to carry out a proper system of distribution would be forthcoming in twenty-four hours. The inquiry will be resumed on the 15th instant.

THE HERBERT HOSPITAL, WOOLWICH.

OUR readers will not need to be reminded of what we have so frequently said regarding the administration of general hospitals by a mixed military and medical staff. Military governors are an unnecessary expense to the public, and no advantage to the service, especially during a time of peace. If medical officers are to be saddled with administrative duties at all, they are surely competent to manage their own hospitals, especially with the aid of an executive officer of medium rank to see that the necessary discipline and regulations are enforced. From all we have heard, Colonel Shaw is personally very popular; but this does not alter the fact that his presence is unnecessary. We learn that the Government, after considerable deliberation, has determined to place the Herbert Hospital at Woolwich entirely under medical control. Colonel H. J. Shaw retires permanently from the post of governor on the 1st of August; and it is stated that Mr. Hawtrey, the present captain of orderlies at Netley, proceeds to Woolwich to assist the principal medical officer in his new administration.

A CRUISE TO THE SOUTHERN LATITUDES.

IF only some people could get out of England during the winter months, they would be happy. "We have no climate,—only weather, in this country," somebody has said. There is a fine proposal to take those who like to go to the Atlantic Ocean, between the latitudes 25°N. and 25°S., where the pleasant trade winds blow, the sea is seldom rough, the sky is blue, and the temperature rarely exceeds 75° Fahr. Captain Charles Grey, R.N., proposes to fit out a British clipper ship to cruise in these latitudes, visiting

the coast of Portugal, Cadiz, Gibraltar, Madeira, *en route* to the cruising ground, which will be between St. Helena and Ascension to the east, and Rio and Pernambuco to the west. Pleasure expeditions will be arranged to the interiors of the different islands.

Better news for comfortable people—or rather for people who would be comfortable but for our winters and springs, and the depressing coughs, catarrhs, and rheumatisms which they bring with them—we could not publish. It is not only that patients with sensitive constitutions might in this way escape their winter attacks of illness or ailment, but that by doing so for even one winter they might greatly fortify their constitutions, and increase their chance of life, at the same time that they are having pleasant adventure. The particulars of Captain Grey's plans will be found elsewhere. The clipper will be of 900 tons register. The private cabins are of a good size, and fitted up with special reference to comfort and health, including every agreeable article of furniture.

WEEKLY DEATH RETURNS FOR PARIS.

THE Prefect of the Seine has commenced the publication of a "Bulletin Hebdomadaire" of the deaths in the city of Paris, distinguishing the principal fatal diseases. From the first of these returns it appears that in the week ending Saturday, July 3rd, the deaths from all causes numbered 840, being a mortality equivalent to an annual death-rate of 23 per 1000 of the present estimated population of the city. The corresponding death-rate for London during the same week was 20 per 1000. In Berlin the mortality during the seven days ending July 1st, was at the annual rate of 34 per 1000 of population. Small-pox was fatal to 4 persons last week in London, and to 16 in Paris; scarlet fever and measles to 12 in Paris, and to 97 in London; bronchitis and pneumonia to 101 persons in Paris, and to 146 in London; croup to 7 persons in both cities. The present estimated population of Paris is 1,889,842, and of London, 3,170,754.

THE NAVAL MEDICAL SERVICE.

THE quarterly Navy List shows that at the present moment there are 8 inspectors and 13 deputy inspectors of hospitals, there having been no additions to the latter during the present year. There are 99 staff surgeons and 170 surgeons on the active list; while the list of assistant-surgeons has been reduced to 246. Promotion in the several grades is still terribly slow, only 4 assistant-surgeons having been promoted during the last quarter. We hope before long that the list of deputy inspectors will be filled up, and that those staff surgeons who have recently been superseded will gain at least an honorary step.

Thanks to the inquiry of Alderman Lush, the House of Commons was informed on Monday night by the First Lord of the Admiralty, that the report of the Civil Commission on Naval Hospitals had been under the consideration of Dr. Armstrong, the Director-General of the Navy, and would shortly be made public.

A DOCTOR'S GIFT TO HIS VILLAGE.

A MOST interesting ceremony was performed at Hedenhill, in Dumfriesshire, on June 22nd, in which a member of our profession played the prominent part. The ceremony consisted in the laying of the foundation stone of a museum in process of erection by Dr. Grierson, who for many years, and though occupied with a large and laborious practice, has been endeavouring to found a museum of natural history, art, and science. For a long time past, the collection of specimens got together by Dr. Grierson has been one of the attractions of the village and of the surrounding neighbourhood, and at last it reached such dimensions that a special museum-house was required for the exhibition. The Duke of Buccleuch thereupon gave "land and stone" for the purpose, and in a few months the design of our worthy Esculapian will be accomplished. At the laying of the foundation stone, which was accompanied with masonic ceremonials, there was an immense gathering; and at the dinner which followed, over which the Rev. Dr. Waddell, of Glasgow, ably presided, Dr. Grierson met with a reception which must have been full compensation for all his exertions. We hope he may long continue to perfect his work, and that his example will be followed by others of his brethren who, like him, can find time to step from their daily avocations to find "sermons in stones and good in everything."

THE BIRMINGHAM MEDICAL REFORM MOVEMENT.

THERE are few things in the history of medical reform so striking as the movement to bring about reform which originated in Birmingham. Independent of all associations, it seems the spontaneous expression of the feeling of the whole profession of the kingdom. Already 5750 signatures have been obtained to the petition, and it is thought that perhaps half the profession of the country will sign. On Saturday last (the 3rd inst.) a meeting was held in furtherance of the cause in the theatre of the Midland Institute. Dr. Bell Fletcher presided, and Mr. Gamgee, Dr. Heslop, Dr. Percy Leslie, Dr. Fleming, Dr. Johnston, Mr. Furneaux Jordan, and Mr. Manley spoke. Mr. Gamgee pointed out that the changes sought by the amendment of the Medical Act were needed more in the interest of the public than of the profession. And he particularly showed the looseness with which certificates of death were required, or rather dispensed with, so as to favour infanticide and secret poisoning. The two points upon which the Birmingham reformers chiefly dwell are, the need for a high and uniform standard of examination, and a total change in the constitution of the Council. Dr. Heslop thinks that no university or corporation should be entitled, as such, to send men to the body which governed the profession; that the Crown and the medical profession should be the sole appointers of that great Council. The Birmingham movement cannot be ignored. It owes its force, not only to the energy and perception of its authors, but to the universal feeling that something more must be done than the present Council is likely to achieve. The promoters of the petition were received as a deputation by the Council on Wednesday last.

HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.

THESE institutions are a very great boon to the married soldier, and capable of being made exceedingly useful; but the admission of patients has been rendered so difficult by stringent rules, and by frequent changes in these, that the hospitals have not been of anything like the service to the soldier that they might have been. By a recent War-office circular, we perceive that new regulations have been promulgated, which, if they have not been framed in a very liberal spirit, express, at any rate, pretty clearly the class of persons and the diseases entitled to receive hospital treatment. One of the main objects of these institutions was the prevention of the spread of infectious diseases, such as scarlatina and small-pox, by the removal of those attacked from the barracks. Another object was to provide for the reception and treatment of acute cases of serious disease, and of women in their confinements. We are glad to see that the authorities have expressly prohibited any

case of infectious disease from being treated under the same roof as parturient women—a practice fraught with danger. Only the wives and families of soldiers on the *married strength of their corps* are permitted to receive diet and treatment in these hospitals at the public expense. We certainly think, however, that where the removal of a patient is made a compulsory matter, with the view of protecting the interests of the public against the spread of infectious disease in a barrack, the public should bear the cost. It seems to us illogical and unfair to insist that a case of scarlatina, for instance, shall not be treated in quarters, and at the same time to make an unfortunate soldier, not on the married roll, pay 1*s.* for his wife and 6*d.* for his child for every day's treatment in the hospital.

NEW PHASE OF THE VELOCIPEDE MOVEMENT.

WE regret that an unseemly case came into the Durham Borough Police Court on Monday. One surgeon (Mr. Jepson) charged another (Mr. Blackett) with having committed damage in his field by practising on a velocipede. The damage was so slight as not to admit of statement or computation, and so the charge broke down. The misfortune is—the charge being so slight—that local rumour attempted to explain the case by a supposition of professional jealousy on the part of the prosecutor. It is no doubt unpleasant to have a field cut up with the experiments of adventurous velocipedists; but Mr. Jepson should have suffered some damage, and have exhausted other modes of redress, rather than take a professional brother into court.

UNQUALIFIED CANCER CURERS.

CAN nobody stop the application of arsenical plasters by unqualified practitioners? We have lately had to report two deaths from this cause, and now a fatal case has occurred in Newcastle in which several plasters were applied, causing a large slough of ten or twelve inches in circumference. The internal appearances and the symptoms were those of death from arsenic. The coroner said he would have to send a copy of the depositions to the Home Secretary, and get his permission to have an analysis of the contents of the stomach. What a comment on the protection of the public and the efficiency of the Coroner's Court! The inquest is adjourned till the 2nd of August next.

THE CLERKENWELL WORKHOUSE.

WE venture to hope that the amalgamation of the parishes of Clerkenwell and St. Luke's with the Holborn Union, will result in the immediate disuse and eventual destruction of the Clerkenwell Workhouse. This most unfit building was most severely condemned by Mr. Farnall even before our Commission in 1865; and if the Poor-law Board had performed its duty towards the wretched inmates, it would long ago have exercised the powers conferred upon it by Parliament, and issued an order for the closure of the wards.

The half-yearly Report of the Medical Officer has just been presented to the guardians. This gentleman, who was commended by our Commissioners for the efforts he had made to mitigate the miseries of the sick, has not failed to make a true representation of the case; and although we are decidedly of opinion that the Poor-law inspectors are the proper persons to denounce the evils described, we yet hope that the medical officer will be supported by the majority of the guardians of this now extensive union.

Besides describing the house as old and defective, Mr. Brown reports, "That there is one paid nurse only (who has resigned), and that many of the pauper nurses are unfit from age, and inefficient for want of training and trustworthiness. The closets on both sides of the house are inefficient, filthy, badly placed, and offensive. There are baths in the receiving wards, and portable baths when required; but the water is brought up from the basement as required, which is inconvenient and faulty, as it is obliged to be kept in the wards until wanted either to drink or for other purposes."

We are happy to observe that the matter is in energetic hands. At the meeting of the guardians, notice was given by Dr. Stallard that he would draw attention to the medical officer's report on the 28th inst.

HEALTH OF THE INDIAN ARMY.

THE 58th Regiment appears to have been unfortunate in having suffered from an outbreak of cholera of a very fatal character, which, however, has happily ceased. Out of 42 cases of cholera and choleraic diarrhœa, 31 proved fatal. The disease has made its appearance in a sporadic form among various corps stationed at Morar, Seetapore, and Berhampore. The extreme heat of the weather at Kamptee has not been without its effect on the European troops stationed there. Heat-apoplexy has attacked several soldiers, as many as seven deaths having, it is said, occurred in one day.

THE KENT MEDICAL BENEVOLENT SOCIETY.

THE eighty-second anniversary of this Society was held at Maidstone on Wednesday last, Dr. Edward Furley of West Malling in the chair, when the sum of £265 was disbursed to seven annuitants. Four deaths were reported among the members, and eight new members were elected. The funds of the Society were reported to be in so satisfactory a state that, after meeting all claims, it was resolved to invest £100. The trustees are Dr. Lochée, Dr. Furley, and Dr. Carr.

THE MEATH HOSPITAL ELECTION.

WE are sorry to see, by the Dublin papers, that Dr. Wharton, secretary to the Medical Board of the Meath Hospital, has declined to answer the charges brought against the medical officers of that institution, by Dr. Mapother, before the members of the Statistical Society of Dublin; although at the last meeting of the Society Dr. Wharton had promised to publish his reply to Dr. Mapother's paper in the morning journals.

PAROCHIAL ECONOMY.

THE guardians at Chesterton, alarmed at the rapid increase of poor-rates in the union, which has amounted to an average annual sum of £1027 during the last four years, recently appointed a Committee of the Board to investigate the causes. In their report the Committee recommend a variety of suggestions for diminishing expenditure, and amongst them,—"*That, as the union subscribes to Addenbrooke's Hospital, a greater use be made of it by sending them all the cases possible of fractures and other cases which, when treated by the medical men, are charged as extras.*"

We presume that when the appointments were advertised, the extra medical fees, not having been commuted, were taken into account in the apportionment of salaries; if so, upon what principle of common honesty can these guardians recommend that their medical officers should now be deprived of them? What an encouragement it must be for these gentlemen to exert themselves to cut short disease, and thus diminish the duration of time that the sick are chargeable to the rates, when they learn that the extra fees on which they have a right to calculate are in future to be taken from them. When will Poor-law guar-

dians learn that the medical service is a preventive one, and that liberality to it invariably means economy in the end; whilst stinginess, on the contrary, leads to extravagant and constantly augmenting expenditure.

AT the annual meeting of the Brighton and Sussex Medico-Chirurgical Society on the 6th inst., Dr. Moon was elected president for the ensuing year.

DR. ROLF, of Gateshead, has acceded to the request of a number of influential electors that he would become a candidate for a seat in the Town Council, now vacant.

THE *Kentish Mercury* reports that Mr. Farnall has been elected treasurer of the Royal Kent Dispensary; and also chairman of the bench of magistrates for the Greenwich division of the county.

THE distribution of prizes at the London Hospital Medical College will take place on July 19th, at 2 P.M. The Right Hon. G. Joachim Goschen, M.P., President of the Poor-law Board, will preside.

AT the Durham County Session, held last week, the overcrowded state of Sedgefield Lunatic Asylum, particularly of its infirmary, was discussed; and ultimately it was decided to take measures for providing additional buildings.

THE members of the St. Andrews Medical Graduates' Association have arranged to make a holiday at St. Albans on the 20th inst. No doubt the interest of the place will induce many to avail themselves of the arrangements detailed in our advertising columns.

THE Home Secretary has informed the Bolton authorities that he cannot sanction any further delay on the part of the Town Council in respect of the sewage of the borough, and has requested to be furnished with plans and estimates for the diversion of the sewage from the river Crool.

CONSIDERABLE improvements have been carried out at Gloucester Gaol, as the result of an inquiry into the causes of the prevalence of fever therein; and the medical officer now reports that the health of the prison has greatly improved since the completion of the works.

THE mansion at Highgate known as Cromwell House, has been converted into a convalescent hospital for children by the managers of the Children's Hospital in Great Ormond-street. When fully occupied the house will receive about 100 patients.

THE trustees of the Liverpool Northern Hospital have resolved to reduce from three to two the number of physicians to that institution. The post of junior surgeon is to cease after the resignation of the present occupant; and no honorary medical officer will be eligible to serve on the staff unless he has been engaged three years in private practice.

THE Central Committee of the Dutch Association for the Care of Sick and Wounded Soldiers has resolved to hold, at the Hague, in September, an exhibition of objects connected with the transport, treatment, victualling, and lodging of sick and wounded persons, and invites both contributors and visitors to it. Contributors should give notice to Dr. L. H. Verwey, the secretary of the Association, of any objects they may intend to send before the 4th of August. The exhibition is expected to be opened about September 6th, on which day the European Statistical Congress is to be assembled at the Hague.

WE have received a copy of Lieut.-Colonel Ewart's report on the proper principle of drainage to be adopted in the town of Bishop's Stortford. We have not the space to notice it this week, beyond saying that the recommendations are nearly identical with those furnished by Colonel Ewart to the Secretary of State for the Home Department on the same subject in his report for the towns of Oxford, Eton, Windsor, and Abington, which we had occasion to notice in terms of warm approval.

ON Tuesday week Vice-Chancellor Malins gave judgment upon a case in dispute relative to the distribution of the effects of a lady who had left £200 to the Liverpool Royal Infirmary, and, after certain legacies had been paid, the residue of her estate to three other Liverpool charities. The decision was, that the just debts, funeral expenses, testamentary gifts, and legacies ought first to be paid out of the general estate, and that after this the residue of the personal estate should go to the charities specified.

DR. ILIFF, the medical officer of health for the Newington district, has reported to the vestry, with respect to the arrangements for vaccination proposed by the Privy Council, that he "cannot but regard them as throwing serious obstacles in the way, instead of furthering the object intended, by reducing the vaccination stations in this large parish to two, and appointing one day in the week only for its performance."

THE ENDOWED HOSPITALS AND THE SICK POOR OF LONDON.

AT a meeting of the Lambeth Vestry Mr. F. H. Fowler called attention to the objects for which the St. Thomas's and other metropolitan hospitals were endowed, with the view of considering whether such hospitals, or some of them, should not be appropriated to the sick poor of the metropolis. Mr. Fowler stated that the question was of the deepest interest at the present moment, when it was proposed to expend more than one million in extending accommodation for the sick poor. He wished to ask why the immense sums which were collected and expended by the various metropolitan hospitals, and which were now to a great extent devoted to relieving the necessities, and administering to the wants, of many who could afford to pay for medical relief, should not rather be devoted to those indigent poor, who, from time to time, were thrown upon the unions, and for whom special accommodation was now required. In London, he said, there were 11 general hospitals, and 64 small ones, making up a total of 9192 beds; and taking the number of inmates at 10 per bed annually, provision was made for 90,000 patients, whilst the total number accommodated last year was 78,000. In Charing-cross, Middlesex, and the Royal Free hospitals there were a great number of empty beds, and in St. George's one empty wing. He thought this accommodation, if properly and economically administered, ought to be sufficient for the whole sick poor of the metropolis without any extra charge upon the rates. He thought some arrangement might be come to whereby these hospitals should take a portion of the sick poor, and thus save them the enormous expense of building institutions, and the immense cost of the staff of officials which must follow. The large hospital of St. Thomas, now in course of erection in their midst, might afford the sick poor of Lambeth some accommodation, because, like the other Royal hospitals, it was originally founded for the sick and indigent poor and strangers, and not for the man who was able to earn his living. If there was any difficulty respecting funds, it would be better for the guardians to pay towards the maintenance of the sick poor in those institutions than to build new ones.

The Chairman, Mr. Robert Taylor, supported the motion, and said that he had no doubt the governors of St. Thomas's Hospital would do all they could for the sick poor of London, and that it would be desirable to see if by any means the usefulness of the hospitals could be increased.

Mr. Fowler is to be commended for drawing the attention of the public to this important question. We have already expressed an opinion that the hospitals of the metropolis are used by many persons who ought to pay. There must be a large number of poor living on the brink of pauperism, who would escape their sad fate if admission to these institutions could be promptly obtained when sickness first comes on. Such cases would be more speedily and more perfectly cured than is possible in their densely-crowded dwellings, and they would be of the highest value in an instructional point of view. It is, indeed, quite impossible to exaggerate the importance of a better understanding between the managers of public hospitals and those who minister to the out-door poor. Many a Poor-law medical officer would be glad to send in for treatment cases which he cannot successfully treat himself; and the boon to the poor person would, in that case, be of incalculable value, because it would restore him to health and independence without the degradation of associating with workhouse inmates.

MEDICINE, DISEASE, AND DEATH.

IT will hardly be denied that in the papers which have appeared in this journal* under the above heading, Dr. Elam has raised points of very considerable interest to the profession. Starting with the general principle that "Medicine is, or ought to be, primarily and essentially, the Art of Healing, whatever it may be collaterally," he has been led—mainly, as it would seem, by an examination of death-rates—to the conclusion that the power of medicine in checking or controlling disease has diminished in this country. He has, in short, formulated three distinct propositions—namely: 1. That the average death-rate is slowly but constantly increasing. 2. That men die now at an earlier average age than they did thirty years back. 3. That even those diseases which are the best understood are increasing progressively in annual mortality, unchecked by any resources of art. And in developing his ideas upon these somewhat momentous questions Dr. Elam makes use of two lines of argument; one based entirely upon statistical inferences, and the other drawn from his own practical experience and knowledge. To the latter of these we shall address ourselves on a future occasion; taking this opportunity—the earliest that has occurred—of deprecating what appears to us to be the sweeping and exaggerated conclusion, that, even supposing the death-rate of the whole aggregate population to have increased of late years, it would necessarily follow that our treatment of disease is less efficient than it was. We cannot help thinking that, not only in the profession itself, but among those persons outside its ranks who have had any experience of statistical analysis and the fallacies frequently met with in deductions therefrom, there will be many inclined to ask, with us, whether the statistics upon which Dr. Elam relies do really supply "the inexorable logic of facts" assumed by him; or whether, on the contrary, he has not been led astray by the semblance of truth which figures are often apt to wear.

Now we may say at once that we have little sympathy with the mistrust of statistics which with some minds amounts to a perfect craze. You may, in a sense, "prove anything by figures," just as you may by a perversion of logic prove that black is white; but the true recipe for using statistics is the same as Opie's recipe for mixing colours—"With brains, sir;" and used in that wise their value is undoubted.

Let us see first, then, how far it is true that the average death-rate is "constantly increasing." Dr. Elam, on looking at the Registrar-General's mortality tables, observed that "year by year these percentages vary" in consequence of epidemic disturbances; "so that in any one or two years it cannot be pronounced with certainty that the death-rate either increases or diminishes"—an admission the force of which he appears to have subsequently forgotten. To arrive at the truth, therefore, he threw the years into groups thus:—

29 years—1838–66	... ...	22·42 per 1000.
7 years—1838–44	... ...	21·89 ,,
7 years—1860–66	... ...	22·61 ,,
4 years—1863–66	... ...	23·48 ,,

From these results it is made to appear that the present death-rate is about 1 per 1000 in excess of what it was thirty years ago. That our readers may form their own opinion upon this matter, we extract from the Thirtieth Annual Report of the Registrar-General the following death-rates for the English population during each of the years since registration came first into operation, as well as the rate of birth, which is an element to be considered:—

Years ended Dec 31st.	To 1000 persons living. Births.	Deaths.
1838 ...	30·29 ...	22·38
1839 ...	31·75 ...	21·85
1840 ...	31·95 ...	22·88
1841 ...	32·15 ...	21·59
1842 ...	32·11 ...	21·68
1843 ...	32·31 ...	21·23
1844 ...	32·73 ...	21·61
1845 ...	32·51 ...	20·89
1846 ...	33·83 ...	23·06
1847 ...	31·52 ...	24·71
1848 ...	32·47 ...	23·06
1849 ...	32·94 ...	25·12
1850 ...	33·40 ...	20·77
1851 ...	34·25 ...	21·90
1852 ...	34·30 ...	22·38
1853 ...	33·27 ...	22·88
1854 ...	34·08 ...	23·52
1855 ...	33·73 ...	22·61
1856 ...	34·53 ...	20·51
1857 ...	34·43 ...	21·80
1858 ...	33·66 ...	23·09
1859 ...	35·04 ...	22·39
1860 ...	34·37 ...	21·24
1861 ...	34·61 ...	21·63
1862 ...	35·04 ...	21·47
1863 ...	35·39 ...	23·05
1864 ...	35·64 ...	23·86
1865 ...	35·64 ...	23·39
1866 ...	35·54 ...	23·61
1867 ...	35·85 ...	21·98
Mean ...	33·64 ...	22·41

It is plain upon the face of it that, in grouping several years together, the result will be materially affected by the principle of selection adopted. Setting aside the rates for the first three years, 1838–40, when registration was in its infancy, and adopting Dr. Elam's reason for throwing the years into groups, we subjoin the mean annual rates of birth and death per 1000 of population, in equal periods of five years, starting from the Census year 1841:—

	Birth-rate.	Death-rate.
1841–45 ...	32·36 ...	21·40
1846–50 ...	32·83 ...	23·34
1851–55 ...	33·93 ...	22·68
1856–60 ...	34·41 ...	21·81
1861–65 ...	35·46 ...	22·68

The mean rate for the two odd years 1866–67 is, of births 35·70, and of deaths 22·80. With a reservation in reference to the value for purposes of *exact* comparison of death-rates for years since 1861, calculated on an estimated increase of population, it appears that, while the ratio of births has steadily and constantly increased, the quinquennial ratio of deaths has fluctuated more or less both

* Vol. i. 1869, pp. 660, 775, and 809.

in the direction of increase and decline. In the two decenniums 1841–50 and 1851–60, the mean death-rate decreased from 22·37 to 22·24; in the twenty years 1841–60 the rate was 22·30; in the seven years (1861–67) which have elapsed since the census was last taken, the mean death-rate (assuming the population to be correctly estimated) was 22·74: the net result being that, with an admitted source of uncertainty since 1861 in one of the factors employed, the increase in the ratio of deaths does not amount to ·5 per 1000, while the ratio of births has increased to the extent of 2·20 per 1000.

The truth is, that the mere average death-rate of the aggregate population of a country, without regard to a variety of conditions fluctuating within wide and comparatively unknown limits, although useful enough for purposes of general approximation in respect of health and disease, cannot seriously be held to give anything like the precise and definite measure of the progress of medicine as a healing art which Dr. Elam has supposed. The degree in which the laws of mortality are affected by the treatment of disease is small by comparison with the influence exercised by social and sanitary conditions, by weather, and by a number of other conditions, very many of which Dr. Elam has himself particularised, but for which he has made, we think, most inadequate allowance. The elaborate Report of Dr. Farr on the mortality in the different registration districts of England in the ten years 1851–60* shows how the death-rate varies under different circumstances, among different classes, and in different localities; and the great lesson which appears to us to be taught by Dr. Farr in that Report is that death-rates which do not take those variable elements into account are mere rough and ready indications, useful if cautiously handled, but of no exact scientific value, and certainly untrustworthy as a means for gauging the progress of medical treatment.

The striking difference between the general death-rate in towns as compared with country districts, illustrates very clearly a weak point in Dr. Elam's reasoning. There is a difference of between 4 and 5 deaths per 1000 in the mortality of the population thrown roughly into the two classes of urban and rural residents; and, moreover, it is noticeable that it is amongst the town populations that the greatest fluctuations of mortality occur. And naturally so, for the population increases four times as fast in the towns as in the country districts; the birth-rate is very much higher, and the general departure from the characteristics of mere normal life contingencies is, of course, far greater also in the towns. How far is it reasonable to ascribe even the small increase of mortality assumed by Dr. Elam to any falling off in the efficacy of medical treatment without at the same time showing that the conditions under which disease is treated have not deteriorated also? What force of argument do death-rates supply in support of Dr. Elam's assertions when it is seen that, taking the 640 registration districts of England, the mortality in the two decenniums—1841–50 and 1851–60—declined in 220 districts, increased in 210 districts, and remained virtually stationary in the remaining 210 districts? Will anybody infer from this that the art of healing has progressed in those 220 districts, retrograded in those 210 districts, and remained *in statu quo* in the remainder? Surely not; although in that case what becomes of Dr. Elam's argument? There are towns, like Salisbury, where the mortality has been reduced as much as 7 per 1000; but we, at any rate, should not venture to claim for medical skill in Salisbury that it has made such rapid progress as to account for so great a reduction in the mortality.

But we may quote further, in opposition to Dr. Elam, the following sentences of Dr. Farr in his last Report to the Registrar-General on the Causes of Death in England. After referring to the circumstances under which the suppression of a fatal type of disease did not diminish the mortality in a northern city many years ago, Dr. Farr says: "It is under unfavourable conditions of the same kind, although less in degree, that the mortality is now sustained in England, where the town populations, constantly increasing, without equivalent arrangements for drainage and for accommodation in dwellings, are every year exposed to increasing dangers..... It is impossible, in the present state of science, to reduce under any simple law the phenomena of disease development; but disease development is evidently associated with the life development of species, and has with it some analogies..... The rate of death is, under the same conditions over a series of years, nearly constant."

(To be continued.)

* Supplement to 25th Report of Registrar-General.

ANNUAL DINNER OF THE FELLOWS OF THE COLLEGE OF SURGEONS.

ON Thursday, July 1st, after the election of the members of the Council, the annual dinner of the Fellows of the College of Surgeons took place as usual, at the Albion Tavern, Aldersgate-street. Mr. Nunneley (of Leeds) occupied the chair, and upwards of one hundred Fellows were present on the occasion.

The usual loyal and patriotic toasts were drunk with marked enthusiasm.

Dr. ARMSTRONG, Director-General of the Medical Department of the Navy, acknowledged on behalf of that branch of the public service.

Dr. MOUAT, C.B., responded for the Medical Department of the Army. He repudiated the traditional distinction of combatant and non-combatant officers, he having had repeated occasion to do his duty under fire of the enemy, in various parts of her Majesty's dominions. Alluding to the honours which the great Napoleon I. had showered on his medical officers, Dr. Mouat regretted that the services of the Medical Department of the Army in this country were not equally recognised by the Government. The War Office had a novel mode of promoting the medical officers in reward for efficient service—namely, by placing them on half pay, and thereby practically ejecting them from the service. Having adverted to the success of surgical practice in the army, although performed often under disadvantageous circumstances, he particularly noted the success which had attended excision of the shoulder-joint in eight cases.

Dr. MORRIS (of Spalding), after repeated calls, on rising to acknowledge for the Volunteers, was received with rounds of applause.

The Medical Council, and the Medical Corporations were then duly honoured.

The CHAIRMAN observed that the Medical Council had that afternoon received a most important communication from the Government, bearing on the subject of medical education, and on the constitution of the Council as the representative body of the profession. (Loud cheers.) Quackery could not, and should not, be put down by penal laws, but by elevating the standard of the profession, morally and intellectually,—a far better remedy.

Dr. MACNAMARA, President of the Royal College of Surgeons in Ireland, on the part of that corporation, could truly say that they had endeavoured to uphold the interests of surgery by raising the standard of preliminary education, and of the practical study of surgery, emulating in these respects the great example set them by the English College. Holding out the right hand of good fellowship, he would assure them that whenever any Fellow or member of that College might visit Ireland, and do him the honour of knocking at his door, he would find that he had no stranger to meet.

Mr. SOLLY, in responding to the Royal College of Surgeons of England, took occasion to express in graceful terms his thanks for the proud position in which, by the favour of the Fellows, he had that day again been placed. Having offered some apologetic remarks for any shortcomings in the reform of the College of Surgeons, he resumed his seat amid expressions of sympathy.

Mr. GAY and Mr. ERICHSEN, both of whom were very warmly received, briefly acknowledged the honour conferred on them by their election as members of the Council.

The Provincial Schools followed, coupled with the name of Mr. Turner, of Manchester. He alluded in feeling terms to the memory of Mr. Hodgson, and his high character as a surgeon.

The Metropolitan Schools were represented by Sir WILLIAM FERGUSSON, who, on rising, was greeted with a pro-

longed burst of applause. He took occasion to expatiate on the high distinction of provincial surgeons, and their influence on the history of surgery. Hey of Leeds, and Park of Liverpool, were names that would never be forgotten, for their labours had stamped a mark on surgery which would be felt in its consequences to the end of time.

The health of the Chairman was then proposed. Mr. NUNNELEY, in returning thanks, regretted that unavoidable circumstances had prevented the chair being occupied that day by one of the greatest surgeons which the world had ever produced. He need only mention the name of Mr. Syme.

Mr. CLIFTON gave The Stewards, and Mr. WIBLIN, of Southampton, who briefly responded; and the Honorary Secretary, Mr. Carr Jackson, whose exertions had so largely contributed to the success of the meeting.

KING'S COLLEGE HOSPITAL.

A VERY successful dinner of the old students of this hospital took place on the 25th ult., at the Freemasons' Tavern. Prof. W. A. Miller, F.R.S., took the chair, and was supported by Sir Wm. Fergusson and Profs. Partridge, Cartwright, and Soelberg Wells. A great many men came up from the country to this pleasant gathering, amongst whom were Drs. Allfrey of St. Mary Cray, Brace of Bath, Bradley of Greenwich, Bridgwater and Tonge of Harrow, Playne of Maidenhead, Rhodes of Huddersfield, Walters of Reigate, Messrs. T. Jackson of Nottingham, A. Mathias of Bridgnorth, W. P. Swain of Devonport, and others. Amongst the Londoners who met them were Drs. Anstie, Bentley, Byas, Druitt, Duffin, Easton, Hood, Kelly, Propert, Sansom, Symes Thompson, Way, Messrs. Bell, Fairlie Clarke, Christopher Heath, F. Mason, H. Smith, Watson, and others.

Some admirably executed music, volunteered by some of the party, tended greatly to the enjoyment of the evening. Dr. Buzzard and Mr. Francis Mason acted, as they have done on several previous occasions, as secretaries, and received a vote of thanks for their successful catering. It is right to point out the excellent judgment with which the intolerable annoyance which so often attends after-dinner eloquence was entirely avoided, the few speeches which were delivered being all short and to the point.

Correspondence.

"Audi alteram partem."

THE LATE ELECTION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Whatever may be the immediate result of the proceedings at the election of Councillors at the College of Surgeons, we may be certain that the claims of the country Fellows to vote by proxy must sooner or later force themselves on the consideration of the Council.

That such a body of men as the provincial Fellows, to which large numbers are being yearly added, should be excluded from exercising their right of voting, cannot be tolerated much longer. That they are practically excluded is a matter of fact, for few, if any, of the Fellows can put in a personal appearance at the College to register their votes without subjecting themselves to a heavy pecuniary fine, in the shape of travelling expenses, and loss of valuable time—a fine unjust to all, and which in the majority of cases it is impossible to incur. I am met by what, at first sight, seem to be insuperable objections to the introduction of vote by proxy. I am told that by charter the election must be conducted by ballot, and that the ballot is necessary for the protection of town Fellows. To the last objection I say that it is much to be regretted that a body of gentlemen such as the London Fellows should be under the necessity of resorting to secret voting to avoid coercion. If, however, this be a necessity, there is no reason why, in addition to the ballot, proxy-papers might not be received from Fellows living beyond a certain distance from London. To effect this, bye-law 4, section iv., might be altered, and no trouble or expense should be spared to procure the alteration.

One word with regard to the right of speech within the College walls. We are much indebted to Dr. Morris for his persistent efforts to obtain this right. He should not be allowed to stand alone, and I would suggest that we at once organise ourselves, and take deliberate action in the matter. Our first step should be to procure counsel's opinion upon a case, fairly and fully stated; and in the event of that opinion being favourable, to place it in the hands of every Fellow of the College. This would require the expenditure of money, which might be provided for by a small subscription. There are upwards of fourteen hundred Fellows, and out of that number I have little doubt that many would subscribe to obtain the object we have in view.

With regard to the conduct of the President at the late election, no doubt he felt himself placed in a position of peculiar difficulty; but both Dr. Morris and myself received but scant courtesy at his hands, and it is possible that his desire to uphold the dignity of the chair and of the College authorities might have been accompanied by some little more suavity of demeanour to those who, taking a different view of the question, desired to protest against a curtailment of their peculiar rights and privileges.

I am, Sir, your obedient servant,

Ker-street, Devonport, July, 1869. W. P. SWAIN, F.R.C.S.

To the Editor of THE LANCET.

SIR,—Mr. Henry Lee is altogether in error in saying that "a most unworthy attempt has been made to suppress Mr. Pollock's letter in the *British Medical Journal*." He should have quoted the entire explanation given for the delay in its insertion—viz., "We purposely kept back Mr. Pollock's letter in order that we might make it the text of some comments on the subject of canvassing, regarding which our opinion is very similar to that of Mr. Pollock." This surely does not denote an attempt to suppress the letter, and I deny that any such attempt was contemplated.

I am, Sir, your obedient servant,

THE EDITOR OF THE "BRITISH MEDICAL JOURNAL."

Great Queen-street, W.C., July 3rd, 1869.

To the Editor of THE LANCET.

SIR,—Is it not possible for the Fellows of the College of Surgeons to meet before the election of Councillors, for the special purposes of the discussion of questions such as were put to the President on the 1st inst.? If it be desirable to discuss these, it is scarcely suitable to debate them at a meeting convened for a specific purpose, and called by a definite and distinct notice.

I respectfully submit, notwithstanding your opinion expressed to the contrary, that it was not in the power of Mr. Quain to allow a discussion to arise. A certain time is allowed, by the letter of the charter or its bye-laws, for taking the ballot; and if that is to be encroached upon by any one Fellow for a few minutes, another Fellow may follow, and so on till the whole time of the meeting has been consumed. The Fellows who assemble at the College in the middle of the day do so by the abstraction of a considerable portion of time from the claims of their professional engagements; and as, moreover, it may safely be assumed that the several candidates are known—at least by reputation,—to all who assemble, it might fairly be allowed to them there and then simply to do the thing they go for, record their vote, and then go about their business.

On the last occasion the President did his duty firmly, but with courtesy, in preventing what would have proved to many a fruitless expenditure of valuable time.

I am, Sir, your obedient servant,

W. B. KESTEVEN, F.R.C.S.

Lansdowne-place, Holloway, July 6th, 1869.

NETLEY APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—*Apropos* to your remarks on the above subject, I ask permission to make a few observations on the communications which gave rise to them, and which, if left without notice, might mislead others as well as yourself.

There is one error which appears to me to underlie nearly all others in this matter—viz., that the Army Medical School exists for the purpose of providing "appointments" for army medical officers. Now nothing of the kind was contemplated by those who established it. This is well seen in the fact that out of the four Professors originally appointed, only one belonged to the British Army. Two were taken from civil life, and one from the army of India. The determination from the first was to obtain the services of the fittest men, and the question of narrowing the selection was not entertained for a moment.

Inasmuch as the assistants to the Professors have certain duties to perform which can only be performed by medical officers of the British Army, the selection was restricted to the departmental list. But, as in the case of the Professors, fitness for the special duties required was the only other consideration that governed the selection of officers for the posts in question. Three out of four of those first appointed had passed through the course of special instruction in the school, and in this way their qualifications became known to the Senate, on whose recommendation they were appointed by the Secretary for War. The writer in the *Broad Arrow* so expresses himself as to lead his readers to believe that all the assistants to the Professors were reappointed at the end of their first term of office. Now this is a mistake. One was obliged to retire on account of ill-health; another resigned; so that in point of fact two only were reappointed—a measure within the power of the Senate to recommend in cases of special fitness, and of the Secretary of State to sanction according to the organisation of the school. The vacancies were filled by the appointment of an officer of tried experience and distinction, who had been promoted and decorated for distinguished service in the field, and for special excellence in that branch of the specialties of military medical duty he was required to assist in teaching at Netley; and by a young medical officer who entered the army in the first instance through the Army Medical School, where he greatly distinguished himself in every branch of study there taught, and more particularly in the one to which he now devotes himself as a teacher. The selection of such men is in itself a sufficient reply to the insinuations thrown out against those who are responsible for the recommendations they make.

With regard to the reappointment of the two assistants, it is only necessary to add that one of them is, by universal consent, the destined successor of the present eminent Professor of Hygiene, at, all hope, a yet distant day, and, next to that distinguished man, the highest authority on military hygiene in this kingdom. It may suit the purpose of such writers as air their crude and hazy notions on the subject of military medical education in the pages of the *Broad Arrow*, to discard a teacher of such eminence and proved ability as Dr. De Chaumont, on the desperate chance of finding his equal among the unknown; but those who are responsible to the authorities, to the army, and to the public, take a different view of their duty in this matter; and the reasons which governed a like decision in the case of the other assistant were the same in kind.

In conclusion, I must advert for a moment to one other point. For five years the gentlemen whose reappointment has stirred the bile of the writer in the *Broad Arrow*, performed their extra duties without one farthing of extra pay, in this particular differing from all military officers employed in any of the educational establishments under Government. On the recommendation of the Senate, the Treasury allowed the small addition of £100 a year to their pay during their second tenure of office. It will scarcely be credited that the author of the grumbling communications in the *Broad Arrow* sees no necessity for this small boon, although, if he had taken the trouble to inquire, he might have ascertained that the scientific labours and investigations of one of the assistant professors represent, in money's worth, a sum equal to the paltry salary thus jealously grudged three times told.

There is a saying in the Department that its worst enemies are to be found within its ranks. The truth of this humiliating confession was never better illustrated than in the pitiful whinings of the writer under notice. He has indeed shot his "arrows" over his "house," but they are too pointless to hurt even his "friends."

I am, Sir, your obedient servant,

L.

July 5th, 1869.

THE PROPOSED TESTIMONIAL TO MR. SYME.

To the Editor of THE LANCET.

SIR,—I am glad to see that the subject of a testimonial to Mr. Syme has been ventilated in your columns, because I am confirmed in the view that the proposal which I have long intended to make will meet with cordial support.

My proposal is to raise a testimonial which shall have a twofold object—viz.: 1st, to place a marble bust of Mr. Syme in the hall of the new Royal Infirmary of Edinburgh, or in the University Library, as may hereafter be determined; and, 2nd, to found a Fellowship in Surgery in the Edinburgh University, to be called "The Syme Surgical Fellowship."

For these objects a sum of not less than £2500 will be required, but I do not apprehend that there will be much difficulty in raising this sum among the many old pupils of Mr. Syme scattered over the whole world.

A meeting will shortly be called in London to organise measures for carrying out the above objects, or such others as may be agreed on; and in the meantime I shall be happy to receive promises of subscriptions, as well as the names of gentlemen desirous of serving on the Syme Testimonial Committee.

I am, Sir, your obedient servant,

C. MURCHISON, M.D., F.R.S.,
formerly one of Mr. Syme's house-surgeons.

Wimpole-street, London, W., June 22nd, 1869.

DIRECT REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—The Lord President of the Privy Council has consented to receive, at the Privy Council Office, on Monday next, the 12th inst., at 3 P.M., a deputation from the Committee of the British Medical Association, appointed at the annual meeting held at Oxford, in August, 1868, in order to obtain direct representation of the profession in the General Medical Council.

The Committee will be glad of the support of such members of the profession as can make it convenient to attend. The Committee will assemble at the residence of Dr. Sibson, 59, Brook-street, at one o'clock on that day, and Dr. Sibson will be happy to receive all supporters of the deputation.

I am, Sir, your obedient servant,

EDWARD WATERS,
Chairman and Convener of the Committee.

Nicholas-street, Chester, July 7th, 1869.

THE MANAGERS OF THE ROYAL INFIRMARY AND MR. LAWRIE.

To the Editor of THE LANCET.

SIR,—With reference to Mr. Spence's "statement" in THE LANCET of last Saturday, I hope you will allow me to remark, that with the exception of a slight mistake as regards the strength of the oil used to dress the wound, for which I beg to express my regret, everything that I asserted in my letter of June 19th was strictly in accordance with fact.

I may add that one of my brother house-surgeons would gladly substantiate the accuracy of my former statements, through the medium of your columns, did he feel sure that he would not be subjected to the same treatment which I have experienced at the hands of the Managers of the Royal Infirmary. I am, Sir, your obedient servant,

EDWARD LAWRIE.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE NATURE AND ETIOLOGY OF PYOHÆMIA.

M. CHASSAIGNAC, ex-surgeon to the Lariboisière Hospital, has made a good speech on the above subject at the Academy of Medicine. His remarks were essentially prudent and practical. According to M. Chassaignac, little is as yet known concerning the nature and etiology of pyohæmia. Wholesale theories, intended to explain all the various points of this obscure affection, should therefore be discarded, and, in a word, in the actual state of the question, "melius est sistere gradum, quàm progredi per tenebras," as far as theories are concerned. M. Chassaignac rejects the miasmatic theory advocated by M. Guérin, because, though it might explain the occurrence of "putrid infection" in hospitals, it does not explain the supervention of "purulent infection" in private houses, in the country, &c. Neither does it account for the absence of purulent infection in cases of "old suppuration" lying in crowded hospitals. In like manner he rejects the septic theory of M. Verneuil, which, far from simplifying the question, complicates it by the introduction of an unknown agency. M. Chassaignac establishes a wide distinction between "putrid infection" and "purulent infection." In the former affection abscesses do not occur; in the second they do. The former affection requires certain general conditions in order to be produced; the latter does not. Putrid infection may be compared to hospital gangrene; purulent infection may occur in the country, and in the midst of the most perfect isolation. Indeed, one is never sure not to see purulent infection occur after a traumatism.

With regard to the curability of pyohæmia, M. Chassaignac admits that the affection may sometimes, though very seldom, be cured. Instances of cure are, however, so exceedingly rare that great care should be taken to criticise cases in which recovery is alleged to have taken place. For the same reason little can be positively stated with regard to the efficacy of such and such a remedy. M. Chassaignac records a case which occurred in his own practice, and in which to all appearances a cure was really obtained under the employment of the alcoholate of aconite. He believes that this remedy acts not only as a curative agent, but as a preventive. In thirty-two cases of very serious operations in which it was employed by him, pyohæmia did not once occur,—a fact which M. Chassaignac considers as extremely striking. In the case of cure to which he referred, five grammes of the alcoholate were administered daily during the whole time that symptoms of pyohæmia manifested themselves; the symptoms being, repeated rigor, dryness of the stump, numerous superficial abscesses, viscous and clammy sweats, pain in the liver, yellowish tint of the skin, &c.

M. JULES GUÉRIN ON ANIMAL VACCINATION.

The debate on the nature and etiology of pyohæmia has been cut short at the Academy of Medicine by the resumption of another much vexed question—that of the comparative merits of human and of animal vaccination. The Academy of Medicine has now on its hands three most important questions, which have been simultaneously set down for discussion; and one can scarcely see how it can get through the three questions without some confusion, and without some detriment to the several subjects in debate. The third question to which I have referred is that of the transmission and the prophylaxis of cholera.

M. Jules Guérin has been suddenly called up to take his turn of discussion on the question of animal vaccination, and at the last meeting of the Academy he delivered a very clever and vigorous discourse on the subject. M. Jules Guérin is an ardent opponent of animal vaccination. The debate will be principally between him and M. Depaul, the director of the vaccine institution of the Academy, who has openly declared himself in favour of animal vaccination. Both are most clever speakers, sharp and pungent in the extreme. Both handle sarcasm and irony with a masterly hand. The discussion, therefore, promises to be very warm and interesting. Besides, this is only a resumption of hostilities between them on the same subject, both having already broken lances *apropos* of vaccination in a recent discussion at the Academy, of which this will merely be the continuation.

M. Guérin had not time to finish his discourse on Tuesday last. It would, therefore, be premature to attempt to give a critical analysis of his various views on the subject. He announced that his thesis would embrace four propositions: 1. It has not been demonstrated that human vaccination has degenerated, at least in a general and absolute manner. It has been shown, on the contrary, that it may preserve the virtue which it possessed in the beginning. 2. It has not been shown that human vaccination produces vaccinal syphilis. It has been shown, on the contrary, that it is always possible to avoid this sad adulteration. 3. It has not been shown that animal vaccination possesses elements of action, and produces physiological effects, which may be declared identical with those of human vaccination. On the contrary, it has been shown that the two vaccines possess elements of action, and produce physiological results, which are entirely at variance. 4. Until now it has been merely a presumption that animal vaccination is possessed of a preservative action; while it has been proved in the most positive manner that human vaccine still remains an almost absolute preservative against small-pox.

As may be seen, M. Guérin has chosen the widest possible field for doing battle. He has intellect enough to grasp the subject in its entirety; but it may be questioned whether he will be able to make out all he advances.

On Tuesday last he dwelt with peculiar care, and at great length, on the second of his propositions—namely, that concerning vaccinal syphilis. His principal views and objections on this special point of the question may be briefly summed up in the following conclusions:—1. The observations of vaccinal syphilis recorded until now do, almost all, lack the precise information necessary to establish the origin to which they have been referred. 2. The experiments undertaken for the purpose of making out the possible inoculation of vaccinal syphilis have been all unfavourable to the doctrine of vaccino-syphilitic inoculation. 3. Lastly, amongst a large number of alleged cases of vaccinal syphilis there are some which, notwithstanding an appearance of symptoms and of character peculiar to this disease, obviously belong to another order of pathological influences, amongst which pemphigus takes rank from the present moment.

PRIZE SUBJECTS OF THE ACADEMY OF SCIENCES.

In my last letter I gave you an account of the principal prizes distributed by the Academy of Sciences in its recent annual sitting. I now append a list of the prize subjects which have been announced for the forthcoming years. For 1870: the Grand Prize in Physical Sciences—"History of the Genetic Phenomena which precede the development of the embryo in dioic animals in which reproduction takes place without coupling;" the Bordin Prize (3000 francs)—"The Comparative Anatomy of the Annelids." For 1871: Grand Prize in Physical Sciences (gold medal worth 3000 francs)—"Investigation of the Fecundation of Fungi;" Bordin Prize (3000 francs)—"Exhibit the differences and resemblances which exist among the organic productions of every species of the eastern parts of the continents of Africa, South America, and Australia, as well as the intermediary lands, and show the causes to which the differences may be assigned." For 1872: the Prix Serres (£300) will be given for the first time, the subject being "General Embryology, applied as far as possible to Physiology and Medicine."

As a general rule applying to all the *concours*, the Academy announces to competitors for the various prizes that the original essays will not be returned, and that all the works or manuscripts intended for competition must be sent in to the Academy on the 1st of June for each year at the latest.

DR. BROWN-SÉQUARD'S EXPERIMENTAL LECTURES AT THE SCHOOL OF MEDICINE.

Dr. Brown-Séquard has been compelled to postpone the series of very interesting experimental lectures which he had commenced in the laboratory of the School of Medicine until the opening of his official course of lectures next session. This measure is simply due to the straitened circumstances of the Faculty, who could not provide

the proper apparatus for the illustration of the Professor's lectures, and speaks volumes in favour of a larger distribution of the public money for the aid of science. Dr. Brown-Séquard's lectures were extremely interesting, and attracted a large number of students desirous of hearing the Professor and assisting at his experiments. In one of my last letters I gave you a summary of his first lecture, which included the subject of epilepsy. In my next I shall epitomise his second and concluding lecture.

TESTIMONIALS TO PROFESSORS BOUILLAUD AND BROCA.

I have much pleasure in mentioning the valuable testimonials which were presented last week, on different grounds, to Professors Broca and Bouillaud, inasmuch as the practice is quite a novelty here, and certainly deserves to be encouraged. A few days ago the former pupils of M. Bouillaud, amongst whom may be found such names as Professors Tardieu, Axenfeld, Béhier, Gubler, &c., MM. Potain, Empis, and Chauffard, called upon the Professor, and presented him with a gold medal, in commemoration of his election last year to a seat in the French Institute. The Professor was deeply touched by this high mark of esteem, and after having warmly thanked and embraced his former pupils, convened them to a family banquet.

M. Broca has received a similar honour from a large number of his colleagues at the Society of Anthropology, who called upon him on Thursday last to present him with a bronze statuette—a reproduction of the beautiful statue of Voltaire by Houdon, in thanks for the good services which he has rendered during the last ten years as Secretary to the Society. This took place on the day when the Anthropological Society held its annual public meeting. In the evening a large number of the members met at the "Restaurant des Frères Provençaux" to banquet together, and terminate gloriously the proceedings of the day.

Paris, July 6th, 1869.

THE ANNUAL ELECTION AT THE COLLEGE OF SURGEONS.

THE annual meeting of the Council of the College of Surgeons took place on Thursday last, when the recently-elected members were sworn in, and took their seats. The usual routine business was transacted, and the various annual committees, &c., were appointed.

Mr. Edward Cock was duly elected President for the ensuing year, with Mr. Solly and Sir William Fergusson as his vice-presidents. We are happy to learn that an attempt—unsuccessful, it is true—was made to break through the usual routine practice of electing the senior vice-president of the former year to the President's chair. We congratulate those members of the Council who thus sacrificed personal feeling to public duty, on having the interests and reputation of the College at heart, and we trust that distinguished merit, and not mere seniority, will be the passport to office for the future.

The post of Professor of Surgery and Pathology, vacated by Mr. Le Gros Clark was at the same meeting filled by the appointment of Mr. John Birkett, and we have little doubt that his lectures will prove as interesting as those of any of his predecessors. Mr. Hulke will continue in the post of Arris and Gale lecturer for another year. Owing to the retirement of Professor Huxley, the Chair of Comparative Anatomy and Physiology has become vacant, and the Council has selected, we are glad to learn, the very best man they could fix upon as his successor, in the person of Mr. W. H. Flower, F.R.S., who since 1861 has so ably filled the post of curator of the College Museum; not for the first time the posts of professor and curator will thus be united, and we feel sure that Mr. Flower's every effort will be made to equal his great master, Richard Owen.

THE "South London Press" states that although there are more than a thousand empty houses (most, if not all of them, probably new) in Battersea, overcrowding is very common; no less than twenty-two persons were found the other day occupying a six-roomed house in that district.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 1st:—

Ashby, Alfred, Staines.
Knight, Henry, Hitchcock, Devizes.
Lyne, Henry, Plymouth.

As Assistants in Compounding and Dispensing Medicines:—

Cape, J. S., Wellington.
Michell, F. J., Falmouth.
Robson, J. C., Darlington.
Sequeira, E. C., Brazil, S.A.
Wilkinson, T., Bishop Auckland.

The following gentlemen also on the same day passed their first examination:—

E. Madeley, King's College; W. R. Smith, St. Bartholomew's Hospital; W. Mitchell, Westminster Hospital; J. Williams, University College.

At the competitive examination held in June for the prizes in Botany, annually given to medical students by the Society of Apothecaries, the successful candidates were—1st. Ebenezer Geer Russell, of Guy's Hospital; a gold medal. 2nd. Alexander Wynter Blyth, of King's College; a silver medal and a book.

DR. ARMSTRONG, Dr. Sieveking, and Sir T. G. Logan, had the honour of receiving invitations to the State Ball at Buckingham Palace on Friday week.

FERDINAND MUELLER, Esq., M.D., Government Botanist for the Colony of Victoria, has been gazetted an Ordinary Member of the Third Class, or Companion of the most distinguished Order of St. Michael and St. George.

THE drainage of the town of Plympton St. Mary (Devon), and the adjoining villages, has lately been the subject of inquiry by Mr. Morgan, one of the Home Office inspectors.

WE learn from the "Lincolnshire Chronicle" that fever is very prevalent in the village of Tallington, near Stamford, and that several deaths have occurred therefrom.

A DONATION of £21 has been presented to the Lincoln Lunatic Hospital by Mrs. Nicholson, of that city.

A NEW hospital at Hanwell, founded by the Baroness Weld, has been opened and blessed by Archbishop Manning. The hospital is 49 feet long by 27 feet wide.

OBSERVATIONS made in a deep well at Hampstead, by Mr. G. J. Symons, show that at a depth of 1100 feet the temperature is twenty degrees higher than at the mouth of the well.

SCARLET FEVER is very prevalent amongst children at Chester-le-street.

SIR PATRICK DUN'S HOSPITAL, DUBLIN.—The two clinical medals for 1869 have been conferred upon Messrs. Gregg and Wall, the two resident pupils.

DR. BŒHM, a celebrated German surgeon, has just performed the operation of separating two female children, five years of age, who were joined together in the same manner as the Siamese twins. The German papers state that the operation was attended with perfect success; but one of the patients seems to have died the same day. The survivor is in good health.

ST. BARTHOLOMEW'S HOSPITAL. — Examinations, 1868-69.—Senior Scholarship in Medicine, Surgery, and Therapeutics: H. E. Haynes and C. P. Skrimshire (equal).—Senior Scholarship in Anatomy, Physiology, and Botany: W. J. Walsham and A. H. G. Doran.—Jeaffreson Exhibition: A. Wall.—Bentley Prize: J. T. Hartill.—Kirkes Medal: T. H. Hendley.—Practical Anatomy, Senior: (Foster Prize) W. J. Walsham, A. H. G. Doran, C. Hutson, H. Hind, C. J. Newton, J. Willcocks, O. T. Jones, S. T. Huggins, A. A. Gillithe, C. P. S. Wayman.—Wix Prize: J. T. Hartill.—Hichens Prize: J. Shaw.—Practical Anatomy, Junior (Treasurer's Prize): W. Furner, G. W. Burn (Examiner's Prize), F. Skaife, M. Groves, W. Fairbank, A. Godfray, A. C. Horner, P. W. G. Nunn, W. Odell.

SERIOUS GUNSHOT WOUND TO A VOLUNTEER.—As Colour-Sergeant Montgomery, of the Ealing Corps, was on Wednesday last about firing his fiftieth shot from a breech-loading rifle, he put his left hand on the cleaning rod, which was propelled a little with each shot, in order to screw it home, when an explosion took place, the bullet entering at the palm of the hand, and coming out apparently between the first and second metacarpal bones, near their heads. He was shortly afterwards seen by Mr. Wilkin, of Ealing, as well as by Dr. Burke Ryan, of the South Middlesex, and is at present progressing favourably. Mr. Montgomery thought the explosion was owing to spontaneous combustion, as the trigger was not touched. The result will be published in a future number of THE LANCET.

Medical Appointments.

ARMSTRONG, L., L.R.C.P.Ed., has been appointed an Assistant-Surgeon to the Newcastle-upon-Tyne Infirmary.

ARNOTT, H., M.R.C.S.E., has been appointed joint Lecturer on Pathology (with Dr. Cayley) at the Middlesex Hospital Medical College.

ATKINSON, Dr., has been elected Medical Officer for the Athby Dispensary District of the Trim Union, Co. Meath, vice J. Nolan, M.D., deceased.

BAKER, B., M.R.C.S.E., has been appointed Medical Officer for the Eastern District of the Parish of St. George-in-the-East, vice M. B. Garrett, M.R.C.S.E., resigned.

BARRETT, Mr. C. H., has been appointed Resident Dispenser at the St. George-in-the-East Workhouse.

BARTON, J., A.B., M.B., & C.M., T.C.D., has been appointed Medical Attendant to the Lawrencetown Constabulary, vice P. J. Hart, L.R.C.P.Ed., appointed House-Surgeon to the South Salop and Bridgnorth Infirmary.

BELL, A., L.R.C.P.Ed., has been appointed an Assistant-Surgeon to the Newcastle-upon-Tyne Infirmary.

BLACKMORE, H. P., M.D., has been appointed Medical Officer for District No. 6 of the Alderbury Union, Wilts.

BRADY, D. J., L.A.H. Dub., has been appointed Apothecary for the Workhouse and the Dingle Dispensary of the Dingle Union, Co. Kerry, vice P. Murphy, M.D., deceased.

BRAMWELL, Mr. B., has been appointed Resident Surgeon to the Royal Infirmary, Edinburgh.

COUCH, T. Q., M.R.C.S., L.S.A., of Bodmin, has been appointed Surgeon of the Cornwall Rangers Militia, vice J. Ward, resigned.

EADE, C. H., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Eastern District of the Gower Union, Glamorganshire, vice A. G. P. Wilks, M.B., whose appointment has expired.

FITZPATRICK, J., M.D., has been appointed Medical Officer for District No. 4 of the Hollingbourn Union, Kent, vice G. Stickings, M.R.C.S.E., resigned.

FITZPATRICK, T. J., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballinakill Dispensary District of the Abbeyleix Union, Queen's County, vice R. B. Carey, L.K.Q.C.P.I., appointed to the Borris Dispensary District of the Carlow Union and the St. Mullin's Dispensary District of the New Ross Union.

FOSTER, T. S., L.R.C.P.L., has been re-elected Medical Officer for the Carnarvon No. 1 District of the Carnarvon Union.

FULCHER, G. A., M.R.C.S.E., has been appointed Honorary Surgeon to the new Weld Infirmary at Hanwell.

GREEN, Mr. R., has been appointed Assistant-Surgeon to the Northumberland Pauper Lunatic Asylum, Morpeth, vice R. Shute, M.R.C.S.E., resigned.

HAWTHORN, J., M.R.C.S.E., has been appointed an Assistant-Surgeon to the Newcastle-upon-Tyne Infirmary.

HENSMAN, A., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the North Witchford Union, Cambridgeshire, vice C. Farrar, M.D., resigned.

HUGHES, R., M.R.C.S.E., has been appointed Medical Officer for District No. 7 of the Woodbridge Union, Suffolk.

HUME, G. H., M.D., has been appointed an Assistant-Surgeon to the Newcastle-upon-Tyne Infirmary.

INMAN, R., M.D., has been appointed Medical Officer for the Dent District of the Sedbergh Union, Yorkshire.

JOHNSTONE, J., M.D., has been appointed Medical Officer for the Southern District of the Lancaster Union, vice J. P. Irvine, L.R.C.P.Ed., resigned.

LLOYD, J., L.R.C.P.L., has been appointed House-Surgeon to the North Riding Infirmary, Middlesboro-on-Tees, vice W. J. Williams, M.D., resigned.

MACFARLANE, A. W., M.B., has been appointed Medical Officer and Public Vaccinator for the Parish of Polmont, Stirlingshire, vice R. Moffat, M.D., resigned.

MACONCHY, J. K., M.B., has been appointed Visiting Medical Officer of the County Down Lunatic Asylum.

OWENS, C. A., L.R.C.P.Ed., has been appointed Resident Medical Officer to the Dover Hospital and Dispensary.

PARSONS, F. H., M.D., has been appointed Medical Officer for District No. 3 of the Romford Union, Essex, vice F. M. D. Davidson, L.R.C.P.Ed., resigned.

PEACOCK, S., M.R.C.S.E., has been appointed Senior House-Surgeon to the Newcastle-upon-Tyne Infirmary.

POYNTZ, J. E., L.A.H. Dub., has been appointed Apothecary to the Workhouse of the Abbeyleix Union, Queen's County, vice Sheppard, deceased.

ROGERS, W., M.B., M.C., has been appointed Medical Officer for District No. 3 of the Bellingham Union, Northumberland, vice A. Pole, M.D., resigned.

SMITH, Dr. P., has been elected a Corresponding Member of the Gynæcological Society of Boston, U.S.

THORNBURN, J. E., Gent., has been appointed Assistant-Surgeon to the Cumberland Royal Militia, vice Fidler, deceased.

WALTON, H., F.R.C.S.E., has been appointed Ophthalmic Surgeon at St. Mary's Hospital, vice E. A. Hart, M.R.C.S.E.

WEARNE, W., M.R.C.S.E., has been appointed Resident House-Physician to the Westminster Hospital, vice J. R. Haynes, M.R.C.S.E., whose appointment has expired.

WILLIAMS, Dr. W. M., has been appointed Medical Officer for the Creuddyn District of the Conway Union, Carnarvonshire, vice K. H. B. Williams, L.R.C.P.L., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BOGGS.—On the 5th inst., at Paris, the wife of Dr. Boggs, late of H.M.'s Madras Army, of a son.

DOWSON.—On the 1st inst., at Park-street, W., the wife of Dr. Edward Dowson, of a son.

GOODWIN.—On the 28th ult., at Ashbourne, Derbyshire, the wife of Robert D. Goodwin, F.R.C.S.E., of a son.

OWENS.—On the 28th ult., at The Firs, East Farleigh, Kent, the wife of Dr. Owens, of a daughter.

ROLSTON.—On the 25th ult., at Plumstead-common, the wife of P. W. Rolston, M.R.C.S.E., Surgeon R.N., of a son.

SYMES.—On the 6th inst., at the County Asylum, Dorchester, Mrs. J. Gustavus Symes, of a son.

MARRIAGES.

CLARK—BEVAN.—On the 23rd ult., at St. George's, Hanover-square, J. E. Clark, M.R.C.S.E., Assist.-Surgeon 38th Regiment, to Esther, daughter of E. W. Bevan, Esq.

RAYNER—COLES.—On the 1st inst., at St. John's, Hackney, John Rayner, M.D., of Highbury New-park, to Frances S. Coles, daughter of the late W. B. Coles, Esq.

DEATHS.

BOLTON.—On the 11th of May, at Souillac, Mauritius, J. Bolton, M.R.C.S.E., for many years Government Medical Officer for the District of Savanne, aged 45.

GARMAN.—On the 5th inst., at Kent House, Bow-road, George Bennison Garman, eldest son of H. V. Garman, M.R.C.S.E., in his 14th year.

GODFREY.—On the 4th inst., Nathaniel Godfrey, Surgeon, of Turvey, Bedfordshire, aged 63.

PHILLIPS.—On the 2nd inst., at Exeter, Dr. P. L. Phillips, of Turville, Torquay.

WATSON.—On the 3rd ult., at Hounslow, Geo. Henry Watson, M.R.C.S.E., eldest son of the late Geo. Henry Watson, Esq., of Charterhouse-square, London, aged 38. Deeply regretted by his family and friends.

WESTON.—On the 30th ult., Wm. Weston, M.R.C.S.E., of Battle, Sussex, aged 55.

Medical Diary of the Week.

Monday, July 12.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M.

Thursday, July 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 17.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

The French and English Army Medical Services.

Dr. Chenu, of the French army, has just published two volumes, under the title of "Medico-Surgical Statistics of the Campaign of Italy." Incidentally the author alludes to the Crimean war, and makes honourable mention of the British medical staff and people at home. After dwelling upon the relative mortality among the sick and wounded soldiers of the French and English armies, Dr. Chenu says that, whilst the French learned nothing by experience, the English profited by the severe lesson read them the first year. More than 10,000 French soldiers were swept away by typhus, which only carried off 16 English patients. Dr. Chenu traces the melancholy results of the French system to the small amount of power vested in the hands of the French medico. In Prussia, England, Italy, and America the doctor, he says, is alone responsible for the manner in which he performs his duty; but in France the medical officer is dependent on the administration, and is, consequently, merely an executive agent. What stayed the dreadful mortality in the English camp were the excellent hygienic measures which were adopted by the British surgeons. The French surgeons, says the author, were quite as devoted to their duty, but they were deprived of all initiative. Out of the 420 French doctors who went to the Crimea, 82 never returned. The manner in which doctors are treated in the French army makes the service unpopular, and their number was quite inadequate to the requirements of the service during the late campaigns in the East and Italy. The work of Dr. Chenu has created rather a painful sensation in France; it has been seized upon by the Liberal papers as an additional proof that personal government and centralisation are objectionable.

Stultus.—It forms no part of our purpose to prescribe. Let our correspondent consult some respectable medical man; and, in the meantime, let him dismiss all his exaggerated ideas about himself and his complaint.

Inquirer, (Yeovil.)—Such an announcement would not proceed from a man who was sensitive to professional opinion; but seems to be no great offence unless frequently repeated.

A Newcastle Student.—The C.M. is registerable as any other surgical qualification.

County Infirmaries.

To the Editor of The Lancet.

Sir,—It is interesting to inquire into the causes that obstruct the working of an hospital. Your leading article of June 19th led us to believe that private speculation in a special one often withdrew the interest from a general one. In your comments in the preceding week, I observe there was a want of funds for the Aylesbury Infirmary, where there is no special hospital to absorb the interest. It has, however, been suggested in one of the local papers that the origin of this indigence was in its management, and it is possible that the very evil which pushes a special hospital may be instrumental in contracting the good effect necessary for establishing a county one. Far be it from me to impugn the ability and devotedness of its officers; but it was the opinion of the meeting, or a portion of it, that there should be some alteration in the staff of officers, as expressed by the observation made in your columns. It is quite possible that two of a family retaining a leading county position for more than a quarter of a century—all honour to them—may dull the interest felt in an hospital by the neighbouring practitioners; and, besides, the energy that once stirred the ardour of investigation may dwindle into supineness, and the acme of power breeds contempt. It is not uncommon to find that where there is no spirit of opposition, or when the battle is won, solicitude for success is in abeyance, and we expect to find irregular visits, investigation not completed, and stone not sought after, but a special hospital the result. Indeed it was kindly offered to a pauper patient in the workhouse to procure the special care of a gentleman in London peculiarly interested in such cases. It is thus evident that this officer could have had but a sorry opinion of his colleagues' abilities. To advance an hospital there must be no monopoly. The Governors would do well to suggest the principle of retiring after so long a service, as carried out in the London hospitals. And it would be no great act of interpolation to admit one country surgeon, not resident in the town, thus giving a great benefit to the profession, and interest in the welfare of a county hospital.

Your obedient servant,

June 23rd, 1869. Now Tenebr Esto.

Bad Drainage.—The earth-closets may be obtained of Moule's Patent Earth-Closet Company, Bedford-street, Strand. We are not aware of any valid objections to their use in private houses or elsewhere, provided, of course, that the supply of *dry* earth is obtainable. The Company's Secretary will give our correspondent the fullest information upon the matter if he applies to him.

Furlough of Indian Surgeons.

The *Delhi Gazette* understands that a correspondence has been opened between the Inspector-General of Hospitals, Indian Army, and the Secretary to Government, Military Department, concerning the Order which inflicts such gross injustice on regimental surgeons, in debarring from them the advantages of the Furlough Rules of 1868. Already one step towards rescinding the Order has been made, and our contemporary is now more than hopeful that before long the advantages of the new rules will be thrown open as broadly and liberally to regimental medical officers as they are to all others. The case lies in the hands of Dr. Murray and Colonel Norman.

Chir., (Leicester.)—It would be too late to notice it this week.

The L.R.C.P. Edin. and Poor-Law Medical Appointments.

To the Editor of The Lancet.

Sir,—Observing in The Lancet of last Saturday a letter intimating that the licence of the Royal College of Physicians of Edinburgh was not received by the Poor-law Board as qualifying for medical employment under the English Poor-law Board, I beg to state that I this day made inquiry at the Office of the Poor-law Board, and was informed that the qualification is received so far as the practice of medicine is concerned.

I remain, Sir, yours, &c.,

John Moir, M.D.,

President of the Royal College of Physicians, Edinburgh.

London, July 8th, 1869.

*** Owing to the pressure to which we were subjected last week on account of the occurrence of several matters of great professional interest, such as the meeting of the Medical Council and the election at the College of Surgeons, the error into which one of our staff (misled by his reference to the second edition of Lumley's Manual for Poor-law Officers) had fallen in regard to the medical qualifications for Poor-law appointments escaped our notice. All miserable territorial limitations of qualification were removed as regards general practice by the Act of 1858; and the Poor-law Board lost little time in accepting the great principle, and by the first article of the General Order of the 10th December, 1859, *all legal medical qualifications are put on the same footing.* The licence of the College of Physicians of Edinburgh is specified as one of the licences in medicine recognised by the Board.—Ed. L.

A Public Vaccinator.—The Act provides: 1st. That former laws shall be repealed, except in regard to all contracts under the said statutes then in force, &c. &c., all of which shall remain in as full force as if the same statutes had not been repealed, *unless they be in any respect inconsistent with the provisions herein contained.* We conclude that the "provisions" with regard to the limitation of a public vaccinator's district would be held to override the terms of an old contract. 2nd. No public vaccinator is entitled to payment under his contract for any vaccination in respect of which he shall have been paid by the parent or other person for whom or on whom it is performed; and if he should have received payment under his contract, he shall not be entitled to recover payment from any other person.

We have been requested by *Herr von Sydow*, the Chairman of the Central Committee of the Prussian Association for the Relief of Wounded and Sick Soldiers in time of War, to give insertion to the following circular:—

Relief to the Sick and Wounded in times of Maritime War.

PRIZE ESSAY.

By the additional Act of the 20th of October, 1868, the principles of the Convention of Geneva of the 22nd of August, 1864, were made applicable by the States which recognised them to maritime war. The 13th article of this Act, which fixes how far, and under what conditions, neutrality shall be allowed the vessels belonging to the Relief Societies, starts from the supposition that these Societies will afford aid and assistance to wounded and shipwrecked sailors in case of a maritime war; and it thus responds to a wish expressed in 1867 by the International Conference of delegates from the Relief Societies who were assembled in Paris.

The discussion which took place at the sitting of the International Conference at Berlin on the 23rd of April last advanced a step towards the application of this article. The Prussian Central Committee is now desirous that the practical side of the question thus raised should be examined in the light of the experience acquired during the more recent maritime wars, and with this object it offers a prize of 100 frederics d'or (equal to about £85) for the best essay on the following questions:—

In what circumstances, under what form, and with what success, during the maritime wars of the past, has private charity assisted in saving the shipwrecked and taking care of the sick and wounded of the belligerent fleets?

To what extent, and under what conditions, can the Relief Societies undertake this task with a probability of success?

What arrangement ought to be made in time of peace in order to obtain such results as may satisfy the wishes of philanthropy in this respect?

Would the realisation of these wishes be hastened or secured if the Permanent Relief Committees, whose duties are to aid the hospital and ambulance service of armies in time of war, were to establish a practical understanding with the existing Life-boat Institutions?

These are the principal questions of which the Berlin Central Committee desires a solution. It requires that the author shall rest his conclusions upon the experiences of former wars, and also take into consideration the ideas brought forward at the sitting of the International Conference of Berlin of the 23rd of April last. No restrictions are placed on the arrangement or extent of the essay.

The report of the sitting of the 23rd of April last will be forwarded to any person who, intending to occupy himself with the question, will address an application for the same to the office of the Prussian Central Committee, No. 4, Linkstrasse, Berlin.

The essays, written in German, French, or English, must be sent to the Prussian Central Committee not later than the 1st of May, 1870. They must be without signature, but distinguished by a motto, and accompanied by a sealed note reproducing this motto, and giving the name and residence of the author.

On the 30th of September, 1870, the birthday of her Majesty the Queen of Prussia, the prize will be awarded to the essay to which it shall have been adjudged by a jury nominated by the Committee.

The author shall have the right to publish the essay which shall gain the prize; but if within six months after the date of the decision the author has not availed himself of his right, the Prussian Central Committee may dispose of it.

Mr. Alex. Gibb, (Edinburgh.)—We fear the public would not be very grateful to our correspondent if we gave them his theory—and it is not new,—which consists in this, that the real cause of cholera is sulphuretted hydrogen in the system, and that the oxide of iron in the blood is converted by it into a sulphuret.

"AN EXPLANATION."

AN error accidentally crept into the statement which appeared under the above heading in our last week's impression, and it is accounted for by the fact that the document upon which our paragraph was founded was somewhat indistinctly worded. Our notice conveyed the impression that Dr. Stephen Duke, of Vassal-road, Brixton, was not the medical man alluded to in the report of a case which recently came before the Lambeth Police Court. We should have said that "the Mr. Duke, Surgeon," mentioned in the *Daily News* of the 22nd June in the report of the case, did not belong to the firm of Messrs. T. O. Duke and Sons, of 272, Kennington-park-road, S., and 321, Clapham-road, S.W.

T. H.—We see no reason why A. should refuse to attend the patient under the circumstances mentioned.

Mr. W. B. Watson, (Crestown, N.B.)—Thanks.

SURGICAL PRACTICE BY UNQUALIFIED MEN.

A CORRESPONDENT forwards us a copy of the *Bolton Chronicle*, in which we perceive that no less than four accidents are reported—two of them appear to have been fatal cases,—all of which were attended by unqualified men. Similar cases occur, we are told in the local papers, every week. It would appear that more surgery is done in Bolton and the neighbourhood by the unqualified men than by the members of the profession. The coroner seems thoroughly to ignore the profession. Medical evidence is seldom called for at inquests. We are assured by an experienced surgeon that he has personally seen many serious cases of maltreatment. He may well ask—Where is the remedy for such an evil?

THE DUTIES OF WORKHOUSE MEDICAL OFFICERS.

THE following correspondence has been forwarded to us for publication:—

July 6th, 1869.

SIR,—I am desired by Mr. Goschen to inform you that the Board having considered the memorials of the medical officers, which was presented to him by you, have decided to rescind article 5 of the Order of the 4th of April, 1868, which requires the workhouse medical officers to report to this Board, and to require them in future to make the half-yearly reports only to the guardians of their respective unions.

I am, Sir, your obedient servant,

J. Rogers, Esq., M.D. FRANCIS D. LONGE.

33, Dean-street, Soho, July 8th, 1869.

SIR,—I beg to acknowledge your letter of the 6th instant, in which you inform me, at the desire of Mr. Goschen, that the Poor-law Board have decided to rescind article 5 of the Order of the 4th April, 1868, and that in future workhouse medical officers will be required to make the half-yearly reports to the guardians of their respective unions only.

I have not yet had an opportunity of communicating to the gentlemen who entrusted the memorial to me the decision of the Poor-law Board; but I feel satisfied that they will fully appreciate the consideration of the Poor-law Board in rescinding the article in the General Order above referred to.

Will you please convey to Mr. Goschen my estimation of the interest he exhibited in the Poor-law medical service on the occasion of the presentation of the memorial—a feeling which was shared by all the gentlemen who accompanied me. I am, Sir, yours obediently,

Francis D. Longe, Esq. JOS. ROGERS.

A GRIM BURDEN.

AMONG the items of police intelligence recently, there was a very vulgar charge at Bow-street against a man in the employ of an undertaker for being drunk, and having a coffin and dead body in his possession, of which he could give no satisfactory account. It appears that the corpse was that of a girl removed from the German Hospital, and that the man had carried it five miles, and was, consequently, greatly exhausted. It strikes us as disgraceful and shocking that such a burden should have been laid on the shoulders of a single workman, and that a man should be found wandering about London at midnight with a coffin containing a corpse, which he had to be continually setting down on the pavement from the combined effects of exhaustion and drink.

Enquirer.—Yes, in England.

SMALLMAN FUND.

THE following subscription has been farther received on behalf of the above:

Amount previously advertised	...	£1	11 6
Sir T. Watson		1	1 0

WE gather from the *South London Press* of the 3rd instant that at an inquest held at Ruthin, North Wales, before the coroner, Dr. Pierce, an altercation took place between that gentleman and the jury as to the desirability or not of a post-mortem examination being instituted. The coroner appears, however, to have had his way in the matter.

Male mori quam fadari.—We have not heard of the case mentioned by our correspondent.

CHLORODYNE.

To the Editor of THE LANCET.

SIR,—Mr. Davenport, in an advertisement which appeared in your journal of the 3rd July relative to a case of poisoning by the notorious medicine called chlorodyne, makes a wrong reference to my "Companion to the British Pharmacopœia."

It seems that the composition which produced fatal effect was made after an American formula (Canada *Lancet*, October 15th, 1864), containing four grains of morphia to the ounce.

Had Mr. Davenport had the common courtesy to turn to my book, he would have seen that I give *less than a quarter of a grain of morphia to the ounce*, and that my formula is intended for prescribers who object to give medicines without a knowledge of their composition. Had my liquor chloroformi compositus been prescribed, the patient would have been safe.

I am, Sir, your obedient servant,

Oxford-street, July 5th, 1869. P. SQUIRE.

"THE POOR PIGEON."

WE have every reason to be gratified with the extent to which we have been supported by the press in our protest against the "stupid cruelty" of slaying trapped pigeons, the latest idea of "sport" conceived by the British aristocracy. Here is a notice by the *Western Morning News* of a meeting for pigeon-slaughter on Saturday last. It will, we fear, require a surgical operation to get the point of our contemporary's satire into the heads of the parties concerned:—

"Hurlingham Park was fairly besieged on Saturday afternoon by the pigeon-slayers and their friends. Four thousand persons were present at the sport, the Prince of Wales among them, though the fact is not chronicled in the *Court Circular*. All the drags of the Four-in-Hand Club went down, and the road was blocked with patrician carriages. 243 birds were killed, the slayers including several peers and honourables and six members of the House of Commons. Captain Pritchard carried off the principal prize, a beautiful silver vase worked with allegorical figures, including, no doubt, Pity. Cups were then filled with champagne, and quaffed, whether in solemn silence to the memory of the deceased birds is not stated. The betting was very lively indeed. There was one subject of great complaint. The sun *would* shine into the eyes of the marksmen, and interfered sadly with their gallantry. No doubt it was owing to this fact that 111 birds had the meanness to escape."

Anticyra.—To send to the seaside a patient suffering under puerperal mania, or to keep her elsewhere than in her own house, is only legal under two medical certificates of her insanity, and the formal order of a relative or friend. The necessary papers can be procured from any law stationer. See Lunacy Act, 8 and 9 Vict., c. 100.

IMPUDENCE.

OUR attention has been called to the following advertisement which appeared in the *Daily Telegraph* of July 7th:—

"TO LONDON SURGEONS AND DEMONSTRATORS.—A surgeon, out of practice, wants a couple of days' instruction in the expert use of the catheter, male and female.—Address, with terms, D. D., THE LANCET Office, 430, Strand."

It may be as well for us to say—though it is perhaps hardly necessary to do so—that the reference to the Office of this journal is a piece of most unwarrantable impudence.

A MEMBER of one of the Birmingham Trade Societies has written to the *Daily Gazette* in reference to the Queen's Hospital Working Men's Extension Fund, stating that a feeling of dissatisfaction is becoming very general in the shops in respect of the expenditure by the Committee, especially as to its extravagance in the matter of printing. It is suggested that instead of printing and sending reports to every subscriber, a copy for the representative of each workshop would be sufficient.

THE notice or insertion of several communications is unavoidably deferred till next week.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Curling; Prof. Quinlan, Dublin; Dr. Sedgwick; Dr. Watson, Chester; Mr. J. Hall; Mr. Marsden; Mr. Myers, Aldershot; Dr. Wood; Mr. Mullins; Mr. Willis, Wallingford; Mr. J. Smith, Easingwold; Dr. Madge; Mr. Kesteven; Mr. Woodcock, Bradford; Mr. Wild, Edensor; Mr. Thorburn, Papcastle; Dr. Redwood, Rhymney; Mr. Dodd, Whitby; Messrs. Zimmermann & Co.; Mr. Morton, Sheffield; Dr. Roberts, St. Asaph; Dr. Knapp, New York; Rev. E. Hammond; Mr. Burton; Mr. Drury; Mr. Davies; Mr. Maunder; Mr. Duke; Mr. Husband; Mr. Howe, Walsingham; Mr. Wilson, Alfreton; Dr. Turner, Stirling; Mr. J. S. Cleaver; Mr. Wall; Mr. Green, Harrow; Mr. Graham, Balloch; Mr. Horne, Ventnor; Mr. Booth, Huddersfield; Dr. Ritchie, Edinburgh; Mr. Kilner; Dr. Moon, Brighton; Dr. Macfarlane, Falkirk; Dr. Stewart; Dr. Ogston, Aberdeen; Dr. Deve eux, Tewkesbury; Mr. Balfour; Mr. Baynes; Mr. Clifton, Northampton; Dr. Boggs, Paris; Dr. Morris, Blackpool; Mr. Brown; Dr. Hawkins; Dr. Hogg; Dr. Gray, Selby; Dr. Muspratt, Liverpool; Mr. Mark, Collumpton; Dr. F. D. Smith; Dr. Arnison; Mr. Lawrie; Mr. Garman; Mr. Jones; Dr. Morris, Lancaster; Mr. R. Hardy, Leigh; Dr. Campbell, Machynlleth; Dr. Maynard; Mr. Harvey; Mr. Shaw, Eltham; Mr. Couch, Bodmin; Mr. R. Winstanley; Dr. Swingetore, St. John's, N.B.; Mr. Smith, Hawick; Mr. Kean, Falmouth; Mr. Gibb; Mr. Lamb, Albrighton; Mr. Richards; Mr. Edwards; Dr. Owens, East Farleigh; Dr. Gordon, Pontypridd; Dr. Harris, Stafford; Mr. Newton; Dr. Heywood Smith; Mr. Hodges; Mr. Watkins, Ilfracombe; Dr. Marley; Mr. Thomas; Mr. Proctor; Mr. Clement; Dr. Reynolds, Arlington; Mr. Evans; Mr. Foster; Mr. P. Squire; Mr. Bamford, Exeter; Dr. Josef Matousev, Prague; Mr. Pratt; Mr. Hardman; Mr. Woolhouse; Mr. Wilson, Dereham; Mr. J. F. Matos, Las Palmas; Mr. Jennings, Ashford; Mr. Barker; Mr. A. De Priz; Mr. Symes, Dorchester; Bad Drainage; Veritas; Justice; T. H.; Chir.; A Public Vaccinator; C. H.; B. A. M.; The Vice-Dean of the London Hospital Medical College; L.R.C.P. Edin.; Beta; D. E. R. F.; Inquire; E. C.; M.R.C.S., Bolton; Medical Student; M. N.; C. M., but not of Durham; L.R.C.P. & S. Edin; Trueborn Briton; J. B.; The Medical Officers of Charing-cross Hospital; Anticyra; Nemo; Student; M.R.C.S.; The Editor of the *British Medical Journal*; Stultus; W. R.; A Country Subscriber; J. E.; W. R.; Colonial; J. R. B.; E. L.; A Newcastle Student; Medicus; &c. &c.

Birmingham Daily Gazette, Bolton Chronicle, Durham County Advertiser, Gateshead Observer, New York Medical Gazette, Northern Daily Express, Newcastle Daily Journal, Revista Medico-Quirurgica, Brighton Gazette, Archives Générales de Médecine, Newcastle Daily Chronicle, Bucks Herald, Scarborough Gazette, Lincolnshire Chronicle, North British Daily Mail, Banner of Ulster, Brighton Guardian, Archives de Physiologie, and *Scotsman* have been received.

HOW INFECTIOUS DISEASE IS SPREAD.

IN reference to the neglect of the Wootton Bassett relieving officer to make proper provision for a travelling pauper who was suffering from small-pox, upon which we commented in a recent number of this journal, the Clerk of the Wootton Bassett Union has stated that he has ascertained the statement of the pauper to have been substantially correct. "The guardians," writes the Clerk, "have reprimanded their relieving officer for his breach of duty, and ordered him in future to take all vagrants who apply for medical relief and are suffering with any infectious disease to the medical officer, and having ascertained the nature and stage of the disease, to send the pauper to the union workhouse, after having given the master two hours previous notice to admit him." This looks very much as though no regular provision for the reception of infectious cases is made in the union, and that accommodation has to be extemporised when necessary. Anyhow, the whole business from first to last reveals a most unsatisfactory state of things.

Nemo.—In the face of certain decisions, it is doubtful whether the use of a brass-plate, inscribed "Surgeon-Accoucheur," would bring an unqualified man within reach of the law. There can be no question that the law will soon be brought to bear on such offences more effectually than at present. Our correspondent is hardy in saying that a man who puts an untruth on his door-plate is a "friend of his."

Justice will find the subject noticed in another part of this week's impression.

C.M. DEGREE OF DURHAM UNIVERSITY.

To the Editor of THE LANCET.

SIR,—I am sure that many agree with me in thinking that your queries concerning the C.M. of Durham University call for a distinct and thorough explanation. The Medical Board of the Newcastle Infirmary, by their decision, affirm that the surgical teaching there is so sadly deficient that the students they pass as fully qualified to practise on the general public are quite unfit to hold a subordinate position in an hospital, where the person is still under their care, and can scarcely be said to be responsible for his treatment of cases. Or another view is, that the duties of junior house-surgeon to that hospital are so responsible that those students who, above all others, ought to know the duties and the working of the place, are the least able, or rather not at all fit, to hold the office.

I think it is for the medical students of Durham University to ask for some explanation from their teachers as to their honesty in first granting such a degree, and afterwards looking on those who have obtained it as being in reality without a surgical qualification.

Yours truly,

July, 1869. C.M., BUT NOT OF DURHAM UNIVERSITY.

Mr. J. R. Diagley, (Rothwell.)—1. The term "notochord" is applied to the spinal axis of the embryo. It corresponds to the centres or bodies of the vertebræ, which are subsequently formed around it, as is well shown in the vertebræ of fish, where the soft gelatinous material occupying the conical cavities of the vertebræ may be regarded as its remains. It extends on the one hand to the caudal vertebræ, and on the other to what afterwards becomes the body of the sphenoid bone.—2. If the case is appropriate, it will be admitted into the Epileptic Hospital, Queen-square, London, on presentation of a letter from a Governor.

Omega.—Next week probably.

Yokohama, Japan.—A letter has been forwarded to our correspondent. We have since ascertained, however, that the question of coroner's fees to army medical witnesses was under the consideration of the War Office authorities a few years ago, and that it was then decided that these officers were not entitled to claim any such fees in the case of inquests on soldiers.

DERBY DEFENCE FUND.

To the Editor of THE LANCET.

SIR,—The Committee of the above Fund will be obliged by your insertion of the first list of subscriptions.—Yours truly,

Charles-street, Soho, July 7th, 1869. E. SANDWELL, Hon. Sec.

N. H. Clifton, Esq., Islington	...	...	£1 1 0
W. Travers, Esq., Kensington	...	...	1 1 0
R. B. Moore, Esq., Wolverhampton	...	...	1 1 0
T. A. Turner, Esq., Chelsea	...	...	1 1 0
Dr. E. Sandwell, Soho	...	...	1 1 0
E. Child, Esq., New Malden	...	...	1 1 0
Dr. Mackinley, Isleworth	...	...	1 1 0
H. Woolcott, Esq., Charing-cross Hospital			1 1 0
Dr. Skegg, St. Martin's-place	...	...	1 1 0
Dr. S. S. White, Brixton	...	...	0 10 6
W. Naughtin, Esq., Baker-street	...	...	0 10 6
Dr. Farr, Waterloo-road	...	...	0 10 6
J. F. Clarke, Esq., Gerrard-street	...	...	0 10 0
R. Bayley, Esq., Kingston	...	...	0 10 6
Rev. F. W. Russell, Charing-cross Hospital			0 10 6
Dr. Langston, Broadway, Westminster	...		0 10 0
W. G. Sutcliffe, Esq., Battersea	...	...	0 10 6
E. A. Linnecar, Esq.	...	...	0 10 0
J. A. Hayden, Esq., Stepney	...	...	0 10 6

Dr. R. S. Sisson.—We regret that some delay has occurred in answering our correspondent's letter. The physician in question was quite entitled to answer Dr. Sisson as he did; but the answer is more creditable to his business-like faculty than to his sense of what is due to a professional brother. Of course such a witness's time and evidence should be paid for; but the underlined imputation of the solicitor was out of place.

Medical Student.—It would be quite within the discretion of the examiners to ask such questions if they thought fit. Our correspondent should put his question to the Secretary of the Court of Examiners, from whom he would, doubtless, receive as much information as could be given.

LORD HENRY SEYMOUR'S WILL.

THE Master of the Rolls has just given a decision in reference to Lord Henry Seymour's will, that £1100 is to be remitted to France to make the fund there equal to the fund in Court here; and, after providing for the general costs of the suit, the residue is to be divided among the 84 charities selected to participate in the bequest. About £400 each will go to these 84 charities. It has further been decided that St. Luke's and Bethlehem Hospitals are entitled, share and share alike, to the reversion of a bequest of such a sum as will produce 10,000 francs a year, specifically designated for the "London Hospital for Lunatics."

Colonial should apply to the Secretary of the P. and O. Company, or to any respectable medical or shipping agent. We do not know the rate of remuneration.

Inquirer, (Snodland.)—The fees paid by Government to the certifying surgeons are for visiting injured persons and taking down their statements. The fees for certificates to enable children to work are paid by the employers.

MEDICAL EDUCATION AT EDINBURGH.

To the Editor of THE LANCET.

SIR,—As a student of the Edinburgh University, I hope you will allow me to correct the misstatements in the letter of Mr. Husband, which appeared in your last number. He says that "one or two of the professors had written small books, by learning off which by heart, and by taking out a class held by them during the summer months, but not as yet recognised by the Senatus, a tolerably sure prospect of passing was held out." As regards the size of the books the Edinburgh professors are said to have written, I have yet to learn that the value of a treatise depends upon its bulk, and it might easily be shown that many of these so-called "small books" are, in reality, inconveniently large. The classes referred to are (1) one conducted by Prof. Bennett upon "Practical Histology, Pathological Chemistry, and Experimental Physiology;" and (2) one conducted by Prof. Laycock upon "Medical Psychology, with Practical Instruction at an Asylum." The world-wide reputation of these gentlemen is a sufficient refutation to the charge brought against them, nor will I trespass further upon your valuable space to prove its mischievous absurdity; but let me add, that it is the opinion of every student I have inquired of concerning this matter—and they are many—that our thanks, and indeed the thanks of the whole profession, are due to these able men for affording us so good an opportunity of acquiring a thorough knowledge of such important subjects.

Your correspondent also remarks that he was informed that if he took good notes, and read them, they would be sufficient to enable him to pass. Surely no greater praise can be awarded to the professors than this. He neglects to state that each examiner has an assessor—under no circumstances a lecturer,—who also puts questions to the candidates, and that to satisfy him is quite as essential as to satisfy the examiner proper, if I may use such a term. Does it not then stand to reason that these lectures, the notes of which are said to be sufficient to enable one to pass, must of necessity be full and comprehensive?

As to the "subtle distinction between rheumatic fever and acute rheumatism," which he says "one of the professors invariably examines upon," I can only say that the students of this year, at least, have had no such question put to them.

In the opinion of Mr. Husband, the Edinburgh examiners are intolerant of the views of others. That this is not the case, I can declare both from personal experience and from carefully collected testimony. Why men who pass high in Edinburgh have to "come up to London to be 'ground' for navy and army examinations" is, because they have to pass again in Anatomy, Physiology, and other subjects, not studied during the last year of College life. But if an argument was wanting to show the firm nature of the foundation laid by this school in the minds of its graduates, it will be found in the very high position those gentlemen take in the examinations for the navy and army, but particularly for the Indian, medical services.

Mr. Husband is again wrong when he states that "two years must be spent in this University by candidates for its degrees." Only one year's residence is demanded if the instruction in the school previously attended be what is required. But it must be observed that the Senatus nowhere says that candidates must pass within a given period; it simply states what is the minimum time of study allowed.—Your obedient servant,

Edinburgh, July 6th, 1869. F. PRITCHARD DAVIES.

To the Editor of THE LANCET.

SIR,—As an alumnus of the Edinburgh School, I cannot allow Dr. Husband's letter to pass unnoticed. He seems to me not only to have failed to appreciate the great excellence of the lectures delivered there, but also to have forgotten that all the professors are acknowledged and accepted authorities on the subjects they respectively teach. As regards myself, I can say with the utmost truth that in cases of doubt or difficulty I turn with the greatest confidence to the re-written notes of the lectures I heard there. I am quite sure the distinguished men he sat under will learn with regret that Dr. Husband applied—one might almost say prostituted—the information they endeavoured to impart to him solely to the purpose of obtaining a degree, and not to the storing up of such a fund of valuable knowledge as should make him look back on the short time spent with them with feelings of gratitude and thankfulness. I am jealous of the honour of the Edinburgh School, and I feel certain Dr. Husband cannot deny that every facility was offered him there to become practically acquainted with all the details necessary to constitute a good and successful practitioner. Neither can I accept as a fact that men who have passed well in Edinburgh find it necessary to grind up for the army and navy examinations. Dr. Husband probably has some particular instance in his mind; but he must be aware, if he has studied the return lists, that comparatively few Edinburgh *graduates* have entered the services lately, and they, as a rule, have passed high—a result I cannot think due to the "grinder's art."

Had Dr. Husband complained of the system that obtains in some of the London hospitals, where the assistant-surgeon is expected to lecture on Pathology, and the assistant-physician on Forensic Medicine, the notes of the out-going lecturer being bequeathed to the in-coming, I could have sympathised with him. As it is, I can but express a regret, which I feel convinced will be shared by most Edinburgh men, that he should look back on the time spent in personal connexion with his *alma mater* as so much hard work, unchecked by the compensating thought that it was good work.

I am, Sir, your obedient servant,

Rotvenden, Kent, July, 1869. THOS. JOYCE, M.D Edin.